DEPT.- 65

JOB- 14

REEL- 13

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF _____ BUREAU OF _____ _____ CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. _____ AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1 TITLE	2 Form No if available	3 Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4 Dates	5 Volume accumulated yearly	6 Size of Record	7 Number of copies made
		Misc.	One (1)

8 Authorization Requested (check only one (1) of the squares below)

A [ ] Establish retention period for records which are accumulating daily

B [ ] Dispose of present accumulation, no additional accumulation anticipated

C [ ] Microfilm and destroy originals

D [X] Microfilm and retain originals for length of time indicated below

9 Recommended Retention Period a In Dept	b In Storage Center	c Total	10 Equipment and space freed	11 In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD (describe accurately and show recommended retention period)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Fowler M.D. — Title Commissioner of Health — Date 3/18/63

Recommendation of Records Management Officer

13 Recommended Retention Period a In Dept.	b In Storage Center	c Total	14 Disposal Method A To be sold as scrap or waste paper	B To be Burned or shredded	C Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS

C P Force — Records Management Officer — Date 3/19/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD

1 APPROVED CITY AUDITOR

2 APPROVED CITY SOLICITOR

3 APPROVED CITY COMPTROLLER

4 APPROVED CITY TREASURER

5 APPROVED DIRECTOR, DEPT OF PUBLIC WORKS

6 APPROVED DIRECTOR OF THE MUNICIPAL MUSEUM

7 APPROVED DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

G 03436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a G 03436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or present limits write RURAL and name town)
(d) Street No. 2516 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hollon Warehime

3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Color or race Male
5. Single, married, widowed, or divorced Married
6 (a) Name of husband or wife Ida G
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 21 1868
8. AGE: Years 94 Months 11 Days 28 If less than one day hr. min.
9. Birthplace Carroll Co Md (Town, county and state)
10. Usual Occupation Merchant Retired
11. Industry or business

FATHER
12. Name Hillsom H. Warehime
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Susanna Fringfelder
15. Birthplace Md

16 (a) Informant Ida G Warehime
(b) Address 2516 N Monroe St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Windsor Mill Md
18 (a) Funeral director Gilbert Co Inc
(b) Address 2 [illegible] Court St
19 (a) APR 20 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1943, at 10 45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1943 to Apr 18 1943, and that I last saw h[illegible] alive on Apr 3 1943.

Immediate cause of death	Duration
Pulmonary Edema.	2 days.
Due to Acute Stenosis of L.P.C.	3 wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Bruce Anderson M.D.
Address 2200 Garrison Blvd Date signed 4/19/43

VS 250

G 03437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 03437 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City 9 town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Pentridge Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Perkins (#1) + Barbara Ann)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 43.

8. AGE: Years | Months | Days | If less than one day: 10 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Lothrop Shawn Perkins
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ruth Schirmer
15. Birthplace Baltimore, Md.

16 (a) Informant mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Hospital disposal

18 (a) Funeral director
(b) Address

19 (a) MAR 20 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1943, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11:30 A.M. Mar. 2 1943. to 9:30 P.M. Mar. 2 1943, and that I last saw h.e.r alive on March 2 1943.

Immediate cause of death: Respiratory failure — Duration

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred B. Dipiano M.D.
Address Union Memorial Hosp. Date signed 3-2-43

VS 150

G 03438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03438 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. If unknown, supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 S. Augusta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Carrie Baker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1859

8. AGE: Years	Months	Days	If less than one day
83	11		hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Conrad Baker
13. Birthplace Md

MOTHER 14. Maiden Name Caroline —
15. Birthplace Md

16 (a) Informant Wm. A. Weise
(b) Address 1 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Kirkpatrick
(b) Address 4101 E. Edmondson Ave

19 (a) (Date received) APR 26 1943 (b) Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19/43 19 at 5 1/4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13/43 19 to 4/19/43 19 and that I last saw H.E. alive on 4/3/43 19

Immediate cause of death

Cardiac Renal

Due to Vascular

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
20 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Wheaton M. D.
Address 4305 Yale Pky Date signed 4/19/43

VS 3

G 03439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03439

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Booth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Krumm 80881

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Elizabeth — nee Nomes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1893 ?

8. AGE: Years ? 49 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business retired 5 yrs.

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Haberkoor
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Ave + Longwood St

18 (a) Funeral director Harry H. Wilkes

(b) Address 4101 Edmondson Ave

19 (a) [illegible] Registrar

APR 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943, at 9:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1943, to Apr. 18 1943 and that I last saw him alive on Apr. 18 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: are absent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.S. Hartz

Address Balto City Hosp Date signed 4/19/43

G 03440

433134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03440

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3533 Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Minnie L. nee Schumacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-55

8. AGE: Years	Months	Days	If less than one day
88	1	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Negro farmer

11. Industry or business retired.

FATHER
12. Name Dennis Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory ?
Location

18 (a) Funeral director Henry H. Stitzke
(b) Address 1401 E. Lanvale Ave.

19 (a) [illegible] (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 12 N

21. I certify that death occurred on the date above stated, that I attended deceased from April 15 1943 to April 19 1943 and that I last saw him alive on April 19 1943

Immediate cause of death: Coronary Thrombosis — Duration

Due to Morbid arteriosclerosis

Due to Senility (aged 88 yrs)

Other Conditions Hemiplegia & Cystitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Hemmes M. D.
Address Johns Hopkins Hosp. Date signed

Cooper

G 03441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03441 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Catonsville Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bellegrove Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Williams Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1907

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	9	15		

9. Birthplace Lincolnton, S. C.
(Town, county, and State)

10. Usual Occupation Factory Worker

11. Industry or business

FATHER
12. Name Lid. Boyd
13. Birthplace S. C.

MOTHER
14. Maiden Name Catherine Guthrie
15. Birthplace Clover, S. C.

16 (a) Informant Catherine Williams
(b) Address 361 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 329 N. Schroeder St

APR 20 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1943, at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Tetanus
from infection 3rd & 4th degree burns

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
No.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N.I
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 16 1943 at 5 P M
(c) Where did injury occur? Warwick Ostend St. Fort & Court (Street and No.) (City or County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Plant While at work? Yes
(Specify type of place)
(e) Means of injury Burned in conflagration

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 17 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03442
MJ-80820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1114 D

G 03442
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 929 Woodbury Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry Richardson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rebecca Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Bally Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Baily
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 4-22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Wilson

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Calvert St

APR 24 1943
(Date received by registrar)

Huntington Williams M.D.
(Signature of registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1943, at 5.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943 to 4-18 1943, and that I last saw him alive on 4-18 1943.

	Duration
Immediate cause of death: Lung abscess Pneumonia	4-5 days
Due to Pulmonary embolism	4-5 days
Due to Cardiac failure	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-19-43

G 03443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 03443 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Ashland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ambrose

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Rose Hardy
(b) Address 818 Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County

18 (a) Funeral director Mrs. R. A. Elliott Dough
(b) Address 112 N. Carrollton Ave

19 (a) [illegible] Hunting & Williams

APR 29 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1943, at 9:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions Hemo thorax + fractured ribs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 5/1
(b) Date of occurrence 4-17-43
(c) Where did injury occur? 141 Eden St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Jumped from 2nd F. window to pile

23. Signature Howard J. Mossin M.D.
Medical Examiner.

Date signed 4-18-43

S.S.# 215-09-6164

03444 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03444

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. found floating St. Ward)
in harbor at foot of Wells St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANK PHILLIPS (PZYBYSKI) If U. S. Veteran specify WAR

(a) Residence: No. 737 Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Iona 94

6. DATE OF BIRTH (month, day, year) Dec 5 [redacted]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Pzybylski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Michalina Jaworska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wm. S. Fialkowski
(Address) 2007 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 4-21 '43

19. UNDERTAKER W. S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED APR 21 1943 Hunting to Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Forenoon 4-19-, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said " find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury April 19 43

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore

Manner of injury Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) H. L. Wollenweber, M. D.

(Address) [illegible]

information should be carefully supplied. Age, occupation, etc., must be given for every person, whether adult or child. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 0

G 03445

03445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 S. Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katarzyna Telmanowska

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Wladyslawa Szmajda
(b) Address 2036 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Isaac Rd

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) APR 20 1943 (Date rec'd by Registrar) Arlington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH [redacted] 4-19 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 19 43 to 4/19 19 43 and that I last saw her alive on 4/18 1943.

Immediate cause of death Cerebral Apoplexy — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted] M. D.
Address 7 W 4 East Ave Date signed 4/20/43

VS 180 Kent County

G 03446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 03446 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2530 W. Lombard St
(c) Hospital or institution:
City Morgue -
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 W. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Van Sant > (William Van Fleet)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edna Van Fleet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16-1881

8. AGE: Years	Months	Days	If less than one day
61	8	4	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business W.P.A. Cleaning Service

FATHER
12. Name Edna E Van Fleet
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace Va

16 (a) Informant Lucella Hollander
(b) Address 2530 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore - Md

18 (a) Funeral director F. B. Wagaman - Son
(b) Address 300 Eutaw Place

19 (a) (Date rec'd by Registrar) APR 20 1943 Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18- 1943, at 10A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Myocardial Degeneration — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Masters M.D.
Medical Examiner.
Date signed 4-18-43

VS 6

G 03447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 03447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 Normandy Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Normandy Ave (Give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Smith.

3 (b) If veteran, name war -

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widow

6 (b) Name of husband or wife Edmund Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	2	hr. min.

9. Birthplace Frederick County, Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Yingling
13. Birthplace Frederick County, Md

MOTHER
14. Maiden Name Annie Wright
15. Birthplace Frederick County, Md

16 (a) Informant Edith Williams
(b) Address 419 Normandy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Joseph's
Location Tanney Town Md

18 (a) Funeral director Howard E. Covington
(b) Address 21 W. 25th St.

19 (a) APR 20 1943 (Date received by Local Registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 42 to April 18 1943, and that I last saw her alive on April 17 1943.

Immediate cause of death	Duration
Pneumonia	7 yrs
Due to carcinoma of breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: Carcinoma of breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlow E Stacy M. D.
Address 3803 Edmondson Date signed 4/19/43

G 03448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03448 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Pennington ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SZULESKI, FRANK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife Josephine Szulewski (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1879

8. AGE: Years	Months	Days	If less than one day
64	1		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Street Cleaner
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant (Mrs.) Josephine Szulewski
(b) Address 612 Jefferies St Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross R.A. Co.
Location Anne Arundel County

18 (a) Funeral director John F. McDevitt
(b) Address 402 S. Chester Street

19 (a) (Date received) APR 20 1943 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19 1943 to 4-19 1943 and that I last saw him alive on 4-19 1943

Duration
Immediate cause of death: Intestinal ulcer 2
Ulcer left leg. Hip + bone abscess (Gangrene)
Due to Gangrene Left leg. Amputation
Due to Puerperal Disease. 9 months
Other Conditions Arteriosclerotic Cardio-Vascular disease + Anemia

(Include pregnancy within 6 months of death)
Date of operation 3-5-43
Major findings of operation: Gangrene left leg
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Reamick Jr. M.D. M. D.
Address St. Joseph's Hosp. Date signed 4-21-43

Please write plainly. Physicians: please write the causes of death clearly and legibly. Any unnecessary delay in securing correct age is especially important.

G 03449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03449 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In transit to
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Howard Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinette Moyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1942

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	6	24		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Moyer
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Antoinette Conoholly
15. Birthplace Balto, Md

16 (a) Informant Agent
(b) Address Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (mo.) (day) (yr.)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Coldspring Funeral
(b) Address 2601-836 Fulton Ave

19 (a) (b) Registrar

APR 23 1942 Baltimore, Md.

MEDICAL CERTIFICATION Attend

20. DATE OF DEATH 4-20 1942, at 7:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h : alive on 19.

Immediate cause of death Probable Septicemia (Pneumococcus?) — Duration

Due to Bronchopneumonia?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation autopsy

Major findings of operation: Hyperemic Gland, Pleural & skin Lymphangitis

of autopsy: 2° Burn Right Leg.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J G Bird M. D.
Address University Hosp Date signed 4-20-42
Robert Lee Heather, M.D.

AB- 00078 G 03450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 03450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 15Ds.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Charles (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17-1858

8. AGE: Years	Months	Days	If less than one day
85	1	13 ?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Leonard Weinbear
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Williams
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS(

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Bykto Md

18 (a) Funeral director Geo Spencer Jr
(b) Address 1517 Hollins St

19 (a) 4-22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1943 at 9 3/4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1943 to 4-20 1943, and that I last saw her alive on 4-20 1943.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Arteriosclerosis & C.V.D.
Due to Failure
Other Conditions Fract. neck of rt. femur
(Including pregnancy within 3 months of death)
Date of operation 3-2-43 - H. Pinning
Major findings of operation: as above.
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-26 1943 at 7:15 P M
(c) Where did injury occur? 11 N. Stricker St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury fell at home

23. Signature J. Henry Hazen M. D.
Address 8 W. Saratoga St. Date signed 4-20-43

Approved: Robert Lee Graham M.D.

G 03451 T.N 80273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 03451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	16	hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name Astream Anderson
13. Birthplace Sweden

MOTHER
14. Maiden Name Annas Maria Johnson
15. Birthplace Sweden

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery E. North Ave
Location

18 (a) Funeral director Geo Leimbach
(b) Address 1525 N. Fremont Ave

19 (a) (Date rec'd by registrar) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943, at 6 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943, to 4-19 1943, and that I last saw h[illegible] alive on 4-19 1943

Immediate cause of death: Coronary occlusion — Duration 3

Due to Arteriosclerotic Heart disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathstrom M. D.
Address Balt. City Hosp Date signed 4-20-43

VS 250

G 03452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G 03452

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Myersville, Md. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura K. Beachley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Elmer Beachley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1874

8. AGE: Years	Months	Days	If less than one day
68 69	11	6	hr. min.

9. Birthplace Kablestown, Jefferson Co. W. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Kable
13. Birthplace Kablestown, W. Va.

MOTHER
14. Maiden Name Anna Reinhart
15. Birthplace Monrovia, Md.

16 (a) Informant Edith Burrell
(b) Address 2633 St. Paul, Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Ch. Brethren Lawn
Location Myersville, Md.

18 (a) Funeral director Shadrill Co.
(b) Address Middletown, Md.

19 (a) [illegible] (b) [illegible]
Registrar

APR 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1943, at 2:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1943 to April 20 1943, and that I last saw her alive on April 20 1943.

Immediate cause of death
Carcinoma Failure
Due to Cachexia
Due to Carcinoma of bladder & bilateral hydro pyelonephrosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration: ?

Date of operation
Major findings of operation:
of autopsy: Carcinoma of bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Routt, Jr. M. D.
Address Union Memorial Hosp. Date signed 4-20-43

Correct age is especially important. Physicians please write the cause in plain clearly and legibly.

G 03453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

G 03453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 Ramsay St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Ramsay St (If rural give location)
(e) Citizen of foreign country? 2 (Yes or No) If yes, name country

3 (a) FULL NAME Charles Baer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 704-05-6053

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine M. Schaub

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 14-188[illegible]

8. AGE: Years 61 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and State)

10. Usual Occupation Mechanic

11. Industry or business B. & O. R.R.

FATHER 12. Name Michael Baer

13. Birthplace Germany

MOTHER 14. Maiden Name Dora Gloss

15. Birthplace Germany

16 (a) Informant Catherine M. Baer

(b) Address 2239 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director J. S. Hepburn Son

(b) Address 300 Eutaw Place

19 (c) Apr 29 1943 Harrington Williams M.D. (Signature)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to April 19 1943, and that I last saw h[illegible] alive on April 19 1943.

Immediate cause of death	Duration
Cancer stomach	1 yr.
Due to	
Due to	
Other Conditions metastasis to liver	3 mos.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Harrington Williams M.D.

Address 54 S. Fulton Ave Date signed 11-30-43

M. D.

Vargas

03454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

Registered No. 03454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]on: 1161 E. Lombard St. 3rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1161 E. Lombard St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Armando Michael Vargas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	3		hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation X
11. Industry or business X

FATHER
12. Name Armando Michael Vargas
13. Birthplace Porto Rico

MOTHER
14. Maiden Name Antoinette Pellegrini
15. Birthplace Baltimore

16 (a) Informant Father
(b) Address 1161 E. Lombard St

17 (a) Burial (b) Date thereof April 21, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgis Road.

18 (a) Funeral director Wendell Hoppel
(b) Address 382 S. Highland Ave
Huntington Williams Hoppel

19 (a) APR 21 1943 (b)
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	pending	Duration
	status thymicolymphaticus	
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 20 1943

VS 4

03455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03455

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Melvin & Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry J. F. Korrell

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel Eley Korrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	4	27	21	

9. Birthplace Frederick Co Maryland (Town, county, and state)

10. Usual Occupation Broker

11. Industry or business

FATHER 12. Name Frank

13. Birthplace Unknown Md

MOTHER 14. Maiden Name Antoinette Heisa

15. Birthplace Md.

16 (a) Informant Mrs. Harry J. F. Korrell Melvin & Edmondson Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1943 (month) (day) (year)

(c) Cemetery or crematory St Johns Cemetery Location Elevator Car Road

18 (a) Funeral director Easton Sons

(b) Address Elevator Car Road

19 (a) [illegible] Huntington Williams, M.D. Registrar

APR 21 1943 (Date rec'd by registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1943 to 4-19 1943, and that I last saw h[illegible] alive on 4/19 1943.

Immediate cause of death Tbc Meningitis — Duration

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Easton

Address St Agnes Hosp Date signed 4/19/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. C 03456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARLIE HENRY CARBAUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	205-10-5935

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude Carbaugh
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1890

8. AGE: Years	Months	Days	If less than one day
52	4	21	- hr. min.

9. Birthplace Broadfording, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business " 1/12/43

FATHER
12. Name John H. Carbaugh
13. Birthplace Broadfording, Md.

MOTHER
14. Maiden Name Ida Hamilton
15. Birthplace Broadfording, Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) burial (b) Date thereof 4/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md.

18 (a) Funeral director Andrew K. Coffman
(b) Address Hagerstown Md.

19 APR 21 1943 [illegible] Williams MD
(Registrar's signature)

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Apr. 19, 1943 at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1943, to Apr. 19, 1943, and that I last saw h im alive on Apr. 19, 1943

Immediate cause of death: Coronary thrombosis — Duration 1/25/43

Due to: Arteriosclerotic heart disease — Unk.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -
23. Signature U.S. Tisa.
Address Baltimore, Md. Date signed 4/19/43 M.D.

VS 150

Va-12940

03457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 03457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 Linden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry A Patchett

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: 21 48

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henrietta
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 31 1872
8. AGE: Years 70 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Caroline Co Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Henry G Patchett
13. Birthplace Cambridge, Md

MOTHER
14. Maiden Name Mona A Holt
15. Birthplace Caroline Co Md

16 (a) Informant Henrietta Patchett
(b) Address 1429 Linden Ave
17 Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Cambridge
Location Cambridge Md
18 (a) Funeral director Nellington & Lowe
(b) Address 1219 N Paul St
19 (a) APR 21 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to April 19 1943, and that I last saw h[illegible] alive on April 19 1943.

Immediate cause of death: Toxemia

Due to: Possible pulmonary tuberculosis?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer, M.D.
Address 506 E. North Ave Date signed 4-20-43

VB 180

G 03458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

G 03458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dunkeland & Payson
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 N Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Lawrence Craig

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/43

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace W. Balto. General Hospital (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Benjamin Theodore Craig
13. Birthplace Nampa, Idaho

MOTHER 14. Maiden Name Margaret Mary Sheedy
15. Birthplace Charleston, S. C.

16 (a) Informant Margaret Mary Craig
(b) Address 2002 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 43 (month) (day) (year)
(c) Cemetery or crematory St Barnabas Reformed
Location Baltimore

18 (a) Funeral director Albert M. Berger
(b) Address 4 West North Ave

19 (a) APR 21 1943 (Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943, to April 19 1943, and that I last saw him alive on April 19 1943.

Immediate cause of death: Erythroblastosis Fetalis — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lola M. Holder M.D.
Address 224 Jordan Date signed 4/[illegible]/43

G 03459

BALTIMORE CITY HEALTH DEPARTMENT

MJ-80979 **CERTIFICATE OF DEATH** 49a

G 03459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 East Biddle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Mulligan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Mulligan (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	-	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jackson Stiffler
13. Birthplace Maryland

MOTHER
14. Maiden Name Merebefht Marsh
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof April 22-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3421 Falls Road

19 (a) (Date rec'd) APR 21 1943 Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943, at 11 48/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943 to 4-19 1943, and that I last saw her alive on 4-19 1943.

Immediate cause of death Coronary occlusion — Duration 5 minutes

Due to Hypertensive C.V. disease — ?

Due to

Other Conditions ? Carcinoma of Uterus — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M.D.
Address Balto. City Hosp. Date signed 4-19-43

G 03460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 E Federal
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 E. Federal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ellen Egan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edw. J Egan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/1875

8. AGE: Years 67 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Peter McMahon
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Laughlin
15. Birthplace Ireland.

16 (a) Informant Mr. E J Egan
(b) Address 1744 E Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director J J Tolen Sons
(b) Address 1218 Light St

19 (a) (Date rec'd by registrar) APR 21 1943 (b) Filing No. 8 Washington, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1943 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1943 to Apr 19 1943 and that I last saw h[illegible] alive on Apr 19 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Fisher M. D.
Address 1823 N. Mast. St. Date signed 4/20/43

43 32 03461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

35

Registered No. 03461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town GARRISON (If outside city or town limits, write RURAL and give town)
(d) Street No. GARRISON FORREST School (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Patricia Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1923

8. AGE: Years	Months	Days	If less than one day hr.	min.
16 16	2	4		

9. Birthplace NY (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Thomas Martin
13. Birthplace Scotland

MOTHER
14. Maiden Name Edith V. Deacon
15. Birthplace Canada

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Interment (Burial, cremation, or removal) Ironwood Long Island N.Y. (b) Date thereof (Month) 21 (Day) 43 (Year)
(c) Cemetery or crematory Trinity Church Cem
Location Long Island N.Y.

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address Mt. Cullen Ave and Pulaski Hwy

19 (a) APR 21 1943 (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APR - 20 1943, at 905 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1943, to Apr 20 1943, and that I last saw h. L. R alive on Apr 20 1943.

Immediate cause of death: Measles encephalitis — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia; multiple miliary gastric ulcers

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Quattrin
Address The Johns Hopkins Hospital Date signed 4/24/43 M.D.

VS 150

correct age if uncertain. If unknown, state whether over or under one year. Signatures: physician who attended deceased; undertaker; coroner.

G 03462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 N North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, write RURAL, and give town)
(d) Street No. 1809 N North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thelma Ragland

3 (b) If veteran, name war —
3 (c) Social Security Account No. 229-01-2499
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Robert C
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 21, 1902
8. AGE: Years 40 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Ga (Town, county, and state)
10. Usual Occupation Press Operator
11. Industry or business Certified Laundry Co
FATHER 12. Name Howard Bexford
13. Birthplace Ga
MOTHER 14. Maiden Name Christian Gone
15. Birthplace Ga
16 (a) Informant Alice M. Letts
(b) Address 1809 N North Ave Md
17 (a) Funeral (b) Date thereof 4/21/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Zion
Location Baltimore Md
18 (a) Funeral director Williams & Col Inc
(b) Address 1219 E Saint St
19 (a) APR 21 1943 Huntington Williams M.D.
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 11 M
21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943, to April 20 1943, and that I last saw her alive on April 20 1943.
Immediate cause of death Chronic Myocarditis
Due to
Due to
Other Conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Louis T. Lewy M. D.
Address 1844 W. North Ave Date signed 4/21/43
Howard J. Andrews, M.D.

VS 150

correct age is especially important; physicians: please write the causes of death clearly and legibly.

G 03463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

G 03463 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: President Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 46

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 719 Rutland Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William Collier

3 (b) If veteran, name war: W. W.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Ida Collier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1894

8. AGE: Years	Months	Days	If less than one day
48	11	20	hr. min.

9. Birthplace Macon, Ga. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Corp.

FATHER — 12. Name Not Known

13. Birthplace

MOTHER — 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Ida Collier

(b) Address 719 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Elroy O. Wilson

18 (a) Funeral director

(b) Address 1000 Grantley Ave

19 (a) Filed by registrar Huntington Williams APR 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943, at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1943, to April 18 1943, and that I last saw him alive on April 18 1943.

Immediate cause of death	Duration
Aortic Insufficiency	2 years
Due to Luetic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. H. Bamford M. D.

Address Provident Hospital Date signed 4-18-43

G 03464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 180

G 03464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Ward) 13 days

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BEULAH ROBINSON GREEN

U. S. Veteran (Specify WAR.) .....

(a) Residence: No. 505 Burgundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Robinson

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Annndle Co. Md

FATHER

13. NAME Howard Green

14. BIRTHPLACE (city or town) (State or country) a.a. Co. Md.

MOTHER

15. MAIDEN NAME Bessie Fleet

16. BIRTHPLACE (city or town) (State or country) a.a. Co. Md.

17. INFORMANT Bessie Green
(Address) 505 Burgundy St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4/21/ 193

19. UNDERTAKER Elroy O Wilson
(Address) 1000 Brantley Ave

20. FILED ..... Registrar.
Funeral for Pittsburgh M.D.

APR 21

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8:35 a.m. April 19, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns, 3rd degree face and body	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 4/19/ 19

Where did injury occur? Ostend & Light Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of injury Conflagration - factory burned

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify Factory fire

(Signed) H. L. Wallenwaber M. D.
Coroner

(Address) Asst Medical Examiner

OCCUPATION very important. See instructions on back of certificate.

V S C

G 03465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. [redacted] days) 13 Da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Dists
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Bristol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Heron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1902

8. AGE: Years	Months	Days	If less than one day
41	3	19	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Robert Heron
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie O'Donell
15. Birthplace Scotland

16 (a) Informant Charles M Heron
(b) Address 1021 Belle Air Yeadon Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 28-43 (month) (day) (year)
(c) Cemetery or crematory Philadelphia
Location Philadelphia

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1943 at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943 to 4-20 1943 and that I last saw him alive on 4-20 1943.

Immediate cause of death: Pneumonia, Lobar, unresolved (bi-lateral)

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Anthony Hargenrader, M. D.
Address 1213 Light Street Date signed 4/29/43

correct age if supposed. Physicians: please write the causes of death clearly and legibly.

VS 180

G 03466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 03466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Perdella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1882

8. AGE: Years	Months	Days	If less than one day
61 60	3	19	hr. min.

9. Birthplace Baltimore Maryland (Town and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Lanvale
15. Birthplace Maryland

16 (a) Informant Elijah Anderson
(b) Address 1309 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Md

18 (a) Funeral director Leo. D. Kelson
(b) Address 1303 Preston St

19 (a) Apr 21 1943 (b) Signature of local registrar Hunting for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 8 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death Acute peritonitis	
Due to bullet wound of abdomen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence April 16 1943 at 6 30 P M
(c) Where did injury occur? 1531 Pennsylvania Ave (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury Shot in abdomen

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 21 1943

VS 8

G 03467 ✓ X G 03467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert sts.
(c) Hospital or institution: The Union Memorial Hospital ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 6
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edward (Mary) Miner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Wt | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edward Miner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-1873

8. AGE: Years 69 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Zeller
13. Birthplace Germany

MOTHER
14. Maiden Name Katharine Lutz
15. Birthplace Germany

16 (a) Informant Daughter - Mrs. Snyder
(b) Address Westminster, Md RFD 6

17 (a) Buried (b) Date thereof April 24, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Westminster
Location Westminster Md

18 (a) Funeral director F. A. Sharrer & Son
(b) Address Westminster Md

19 (Date rec'd by registrar) APR 21 1943 (b) Signature of Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1943, at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1943, to 4-21 1943, and that I last saw h.. alive on 4-21 1943.

Immediate cause of death	Duration
Respiratory & Circulatory Failure	
Due to Hypostatic pneumonia	
Due to Bilateral pneumonia	
Other Conditions Chronic cholecystitis with Cholelithiasis - Pathological fracture	12 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:

of autopsy: at above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 4-21-43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

03468

CERTIFICATE OF DEATH

93F 03468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 McCulloh St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louis R. Walker

If U. S. Veteran specify WAR ...

(a) Residence: No. 2519 McCulloh St., Ward 18.213-03-1983

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-25-1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. A. Davis Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

FATHER

13. NAME Jacob Walker

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Sadie Waid

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Wm. Walker

(Address) 2519 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Dexter Hse Date 4-21 19 43

19. UNDERTAKER Charles H. Cropper

(Address) 514 N. Calhoun St.

20. FILED ... 19 ...

Registrar

APR 21 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/43

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to ... death on the day stated above

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Hypertensive Cardio-vascular disease

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Hugh B. McNally M. D.

(Address) 700 East St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 03469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

G 03469

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3531 Hayward Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Mrs Anna Elizabeth Whiteley (WHITELEY)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mr Joseph E. Whitby

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 19, 1868

8. AGE: Years 76 | Months — | Days 22 | If less than one day — hr. — min.

9. Birthplace Kent County Md.
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business —

FATHER
12. Name Isaac Dwyer
13. Birthplace Kent Co. Md

MOTHER
14. Maiden Name Susan A. Apsley
15. Birthplace Kent Co Md.

16 (a) Informant Son
(b) Address 5307 Cordelia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director H. Howard Strong
(b) Address 3107 W. North Ave

19 (a) — (b) — Registrar

Apr 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1943, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13-1943, to 4-20-1943, and that I last saw her alive on 8-19-1943

Immediate cause of death	Duration
Cardiac failure	
Due to Peritonitis	10 days
Due to Ruptured gall bladder	3 days
Other Conditions Cholelithiasis	

(Include pregnancy within 3 months of death)

Date of operation 4-14-43

Major findings of operations Purulent peritonitis

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank M. Sutterlee M. D.

Address Woman's Hospital Date signed 4-20-43

G 03470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 Registered No. G 03470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Winters Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1864

8. AGE: Years	Months	Days	If less than one day
79	-	6	hr. min.

9. Birthplace Md Baker.
(Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name John H Lewis
13. Birthplace Md

MOTHER
14. Maiden Name Mary J Smith
15. Birthplace Md.

16 (a) Informant Edna E Lewis
(b) Address 28 Fernwood Rd Catons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)

(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Adolphus Hasler
(b) Address 9 E 2nd Hillsdale

19 (a) (Date rec'd by registrar) (b) Registered by

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1943 at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1943 to 4-17 1943, and that I last saw him alive on 4-17 1943.

Immediate cause of death Uremia - 2nd
3rd Degree

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy? No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 11, 1943 at 2 M
(c) Where did injury occur? Winterslane, Catonsville
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury gas stove exploded.

23. Signature Howard J Lewis, M.D.

Address University Hosp Date signed 4-19-43 M. D.

APR 19 1943

Howard J. Lewis, M.D.

G 03471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 03471 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1142

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Gertrude McLurain
(b) Address 1139 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23 1943 (month) (day) (year)

(c) Cemetery or crematory Md. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Hall
(b) Address 9 S. 2nd Hill Ave.

19 (a) (Date rec'd by registrar) (Huntington Williams M.D.)

APR 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1943 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1943 to 4-17-1943 and that I last saw h[illegible] alive on 4-12 1943

Immediate cause of death Pulmonary embolism — Duration

Due to following a fall

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-16-43 at 3:15 P.M.
(c) Where did injury occur? Balto. Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury fell down 8 stairs

23. Signature H. E. Jackson M. D.
Address 600 Arlington Date signed 4-19-43

Howard J. Andersen, M.D.

G 03472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 926

G 03472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 829 Chuna St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) yr
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Chuna (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Grant Thomson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49	—	—	— hr. — min.

9. Birthplace N C.
(Town, county and state)
10. Usual Occupation Housework
11. Industry or business House work

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant Physician Attending Attended
(b) Address 816 S. Eutaw

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Va Brooks
(b) Address 1443 N. Carey St

19 (Date rec'd by registrar) APR 21 1943 Registrar Huntington Williams, M.D.

V3 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20- 1943. at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943. to April 20 1943. and that I last saw her alive on April 19 1943.

Immediate cause of death	Duration
Endocarditis	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anna Payne M. D.
Address 816 S. Stricker St Date signed 4-21-43

G 03473 (1)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 03473
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Ballo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S Durham St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Chaikowski (or) ChaiKowsKy

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Julia

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 19 1876

AGE: Years 67 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Poland (town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace ? Poland.

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Rose Wagner
(b) Address 1726 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43. (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Annapolis Rd.

18 (a) Funeral director M. W. C. Dippel & Sons
(b) Address Lombard & Gay Sts.

19 APR 21 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 2:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to April 20 1943.
and that I last saw him alive on 19

Immediate cause of death Myocardial insufficiency — Duration 10 dys.
Due to
Due to Chronic myocarditis — 2 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V. Szybalski
Address 1802 Eastern Ave. Date signed Apr. 20-43

VS 180

03474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03474

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 33rd & Calvert Sts.

(b) Street address [illegible]

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4100 Montana Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Paul Leusch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs Louise Leusch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1864

8. AGE	Years	Months	Days	If less than one day
	78	8	3 27	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Confectioner

11. Industry or business

FATHER

12. Name Gustav Leusch

13. Birthplace Germany

MOTHER

14. Maiden Name Augusta Wegen

15. Birthplace Germany

16 (a) Informant Louise Leusch

(b) Address 4100 Montana Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taklor

18 (a) Funeral director Martin K. Diggel

(b) Address 27 S. [illegible] St.

19 APR 21 1943 [illegible] Washington Boulevard, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Mar. 24 1943 to April 20 1943 and that I last saw him alive on April 20 1943

Immediate cause of death	Duration
Massive Pulmonary Embolus?	
Due to Closure of Transverse colostomy	
Due to Diverticulitis	
Other Conditions Transverse Colostomy done 2 yrs. ago. (Include pregnancy within 3 months of death)	

Date of operation April 3

Major findings of operations: closed colostomy

of autopsy: residents get one

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John N. Gagarin

Address [illegible] Maryland Ave Signed April 20 1942

WB 150

G 03475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 03475 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard & Madison St.

(c) Hospital or institution: Maryland Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1502 Northgate Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSHUA HOWARD MUSGROVE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	212-18-2262

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Augusta Katherine
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	6	2		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Brush Mfg.

11. Industry or business Samuel Dell Brush Co.

FATHER
12. Name William Musgrove
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alice E. Hedrick
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Augusta K. Musgrove
(b) Address 1502 Northgate Rd.

17 (a) Burial (b) Date thereof 4/22/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director H. Sander & Sons
(b) Address North & Broadway

19 (a) APR 21 1943 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1943, at 8:33 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1943 to 4/15 1943, and that I last saw h[illegible] alive on 4/15 1943.

Immediate cause of death Cerebral hemorrhage ?

Due to Hypertension

Due to Prostate

Other Conditions Benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature M. F. McGoogan M. D.

Address Md. Gen. Hosp. Date signed 4/15/43

G 03476
MJ-80511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 03476
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 E. Lombard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Holden

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Corrine Holden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	15 14	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Filling Station
11. Industry or business

FATHER
12. Name Samuel Holden
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 4-22-43
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director William A Jenkins
(b) Address 916 Pennsylvania Ave
(b) Huntington Williamsport Pa

APR 24 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16-43 19 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22-43 19 to 4-16-43 19 and that I last saw him alive on 4-16-43 19

Immediate cause of death Arteriolar nephrosclerosis - uremia
Bronchopneumonia — Duration 3 wks

Due to

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross M.D.
Address B.C.H. Date signed 4-17-43

G 03477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 S Eaton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis John Gunther

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife Nov. 13 1909

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13-1909

8. AGE: Years	Months	Days	If less than one day
33	5	7	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Iceman

11. Industry or business

FATHER
12. Name John Gunther
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Eierman
15. Birthplace Balto.

16 (a) Informant Parents
(b) Address 240 S. Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Essex

19 APR 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 7 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) on and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 1-3
(b) Date of occurrence April 20 1943 at 1.30 A M
(c) Where did injury occur? Eastern Ave near Montford (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert H. Graham M.D. Medical Examiner.
Date signed April 20 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03478 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ----------
(c) Hospital or institution: University Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3132 Ellerslie Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME William M. McAuliffe

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #1	111-09-1601

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Baldwin McAuliffe
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Fireman
11. Industry or business

FATHER
12. Name Morris McAuliffe
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Cowan
15. Birthplace Ireland

16 (a) Informant Mrs. Marie Baldwin McAuliffe
(b) Address 3132 Ellerlis avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Chas J. Evans & Son Inc
(b) Address 112 W. Mt. Royal Ave

19 (a) APR 21 1943 (Registrar) (b) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 12 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Frattarelli M.D.
Medical Examiner.
Date signed April 20 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 N. Ellwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Ellwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Piorunski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Julian Piorunski (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1881

8. AGE: Years	Months	Days	If less than one day
61 62	10		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Standars
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Mr Julian Piorunski
(b) Address 610 N. Ellwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 404 S. Chester street

APR 21 1943
(Date rec'd by registrar) (b) John J. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943 to April 19 1943.
And that I last saw her alive on April 18 1943.

Immediate cause of death Hypostatic Pneumonia — Duration 1 day

Due to

Due to Chronic Interstitial Nephritis — Duration several years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John J. Finger M. D.
Address 67 E. Eager Date signed 4/19/43
for D. V. L. Mallonee
Howard J. Sheridan, M.D.

G 03480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 03480 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave & Dukeland St
(c) Hospital or institution: West Balto General Hosp
(d) Length of stay in hospital or inst. (~~years~~, months, or days) 4½
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 St Paul St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustave DETTLOFF

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, ~~married~~, widowed, or divorced.

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 6, 1887

8. AGE: Years	Months	Days	If less than one day
55 56	11	24	hr. min.

9. Birthplace Brooklyn New York (city, county and state)

10. Usual Occupation Marine Pipefitter

11. Industry or business

FATHER
12. Name Orlando Detteloff
13. Birthplace ?

MOTHER
14. Maiden Name Adelaide Goodrich
15. Birthplace ?

16 (a) Informant Relatives
(b) Address Hospital Records.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Brooklyn N. Y.

18 (a) Funeral director Haley H. Wilson
(b) Address 4101 Edmondson Ave

APR 21 1943 Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16/43 19 to 4/20/43 19; and that I last saw him alive on 4/20/43 19.

Immediate cause of death
Lobar Pneumonia
non-typable

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Abrafkin M D
Address West Date signed 4/20/43

G 03481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 03481 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Hebrew Home for Aged - Apr 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yr 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Hemphill 2125 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Levi Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Late Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER
12. Name Harris Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Sadie —
15. Birthplace S. J. Russia

16 (a) Informant Sol Fineberg
(b) Address Belvedere & Hemphill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodeph Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 426 W North Ave

APR 21 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1943, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1939, to 4-21 1943, and that I last saw him alive on 4-20 1943.

Immediate cause of death Arteriosclerosis
Hypertension

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin, M. D.
Address Levindale Date signed 4/22/43

G 03482

G 03482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35th & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Stamford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles G. Black

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife (Deceased) Laura F. Black

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1864

8. AGE: Years	Months	Days	If less than one day
78	6	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Cornelius Black
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Young
15. Birthplace Maryland

16 (a) Informant C. W. Black
(b) Address 329 Tunbridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-43 (month) (day) (year)
(c) Cemetery or crematory Blue Ridge Cemetery
Location Thurmont - Maryland

18 (a) Funeral director Ellsworth Comacost
(b) Address 3911 Liberty Heights Ave.
City or town Huntington Williamsport

APR 21 1943
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 6:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1943, to April 20 1943, and that I last saw him alive on April 20 1943.

Immediate cause of death	Duration
Cardio-respiratory arrest	
Due to arteriosclerotic heart disease & Diabetes mellitus	
Due to	
Other Conditions Gall bladder disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Dougley Lockard, M. D.
Address Union Memorial Hospital Date signed 4/22/43

G 03483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 03483 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 N. Luzerne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Hammon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Joseph Hammon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	7	18		

9. Birthplace Hagerstown, Md.
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name John Brogunier
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name Anna Swann
15. Birthplace Hagerstown, Md.

16 (a) Informant Mrs Pearl E. Brangle
(b) Address 1422 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore.
Location Baltimore, Md.

18 (a) Funeral director Frederick C. Cole
(b) Address 1600 Edmondson Ave.

APR 21 1943
(Date rec'd by registrar) Hampton Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1942, to 4-19 1943, and that I last saw her alive on 3-14 1943.

Immediate cause of death Chronic Myocarditis — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Peyton M. D.
Address 4508 Harford Road Date signed 4-21-43

G 03484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 Q

G 03484

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive & 31st St.

(c) Hospital or institution: U. S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

12-6

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County Philadelphia

(c) City or town 108 Kenilworth Street, (If outside city or town limits, write RURAL and give town)

(d) Street No. 108 Kenilworth St. Philadelphia, Pa. (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Austria ?

3 (a) FULL NAME FRANK WEISS

3 (b) If veteran, name war -

3 (c) Social Security Account No. - None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	6	- hr. min.

9. Birthplace Austria ? (Town, county, and state)

10. Usual Occupation Captain

11. Industry or business SS Warner Co., Barge #178

FATHER

12. Name Frank Weiss

13. Birthplace Austria

MOTHER

14. Maiden Name Mary ?

15. Birthplace Austria

16 (a) Informant Records, U.S. Marine Hospital

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Location Upper Darby Pa.

18 (a) Funeral director Geo. Kellmann & Son

(b) Address 32 S Broadway.

19 APR 21 1943 (b) Registrar

(Date received by Registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 20, 1943, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1943, to Apr. 20, 1943, and that I last saw him alive on Apr. 20, 1943.

Immediate cause of death Bilateral confluent broncho-pneumonia

Due to Paralytic ileus, post operative

Due to -

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation 4/15/43

Major findings of operation: Paralytic ileus

of autopsy: As above

Duration: Several days 4/15/43 Oper.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -

(b) Date of occurrence - at M

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? (Specify type of place)

(e) Means of injury -

23. Signature W. S. Thrasher

Address Baltimore, Md. Date signed 4/21/43 M. D.

VS 150

MS-45300

Dr Coleman 124 Fremont Ave

G 03485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √330

G 03485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Henry Pea. ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 7 42

8. AGE: Years	Months	Days	If less than one day
	4	13	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John H Little
13. Birthplace N.C.

MOTHER
14. Maiden Name Rebecca Pea
15. Birthplace S.C.

16 (a) Informant John H Little
(b) Address 124 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

APR 21 1943 Huntington Williams M.D. (Local Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 10. A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 20 1943 and that I last saw [illegible] alive on April 19 1943

Immediate cause of death: Pneumonia Bronchial — Duration: 2 wks
Due to Influenza
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Coleman M. D.
Address 2039 Madison Date signed 4-21-43

G 03486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 03486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made on this certificate is permanent record and cannot be changed without affidavit. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Madison Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Larry Henry Jordan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1942

8. AGE: Years	Months	Days	If less than one day
	7	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name	John Jordan
FATHER 13. Birthplace	Baltimore Md
MOTHER 14. Maiden Name	Mary Caley
MOTHER 15. Birthplace	Hooper Md

16 (a) Informant John Jordan
(b) Address 1510 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Lion Cem
Location Mount Winter

18 (a) Funeral director Chas H Alexander
(b) Address 2 or 3 McCulloh St

19 (Date filed by registrar) APR 22 1943 Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20/43 19 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19/43 to 4/20/43 and that I last saw him alive on 4/19/43

Immediate cause of death
(a) Lobar Pneumonia
Due to (b) Pneumonia
Due to (c) Capillary Bronchitis
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. J. Barkdale M. D.
Address 546 N. Carey St 4/20/43

VS 3

03487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County York
(c) City or town Hanover Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 South St Hanover Pa.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: HOWARD H. ORNDORFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Esther Forry.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1401

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace: York County Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Newton Orndorff.
13. Birthplace: York County Pa

MOTHER
14. Maiden Name: Alice Hafe.
15. Birthplace: York County Pa.

16 (a) Informant: Esther Forry Orndorf.
(b) Address: 218 South St Hanover Pa.

17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof April 24 1943 (month) (day) (year)

(c) Cemetery or crematory
Location: Hanover Pa.

18 (a) Funeral director: W. G. Fesus
(b) Address: Hanover Pa.

19 (a) APR 26 1943 Washington Williamsport Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/21 1943 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 4/21 1943, and that I last saw h/im alive on 4/21 1943.

Immediate cause of death: Brain Tumor (Paraagittal meningioma)
Due to: (Rt Supurian frontal gyrus)
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: R. K. Thompson M. D.
Address: Univ. Hospital Date signed 4/24/43

G 03488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 13 R

G 03488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 E. Preston St
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Jackson

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23 1910

8. AGE: Years	Months	Days	If less than one day hr.	min.
32	4	27		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laber
11. Industry or business

FATHER
12. Name Samuel Jackson
13. Birthplace Orenz Va.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Baltimore, Md

16 (a) Informant Mary Jackson (mother)
(b) Address 1515 E Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore

18 (a) Funeral director Latta Gross
(b) Address 1408 Ashland Ave.

19 (a) ADDRESS (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to April 19 1943 and that I last saw h alive on April 1943.

Immediate cause of death Coronary Occlusion — Duration 8 hrs.
Due to Pulmonary Tuberculosis
Due to Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lloyd (H. Lloyd)
Address 922 N. Bond St Date signed 4/24/43 M. D.

G 03489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1910

G 03489 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilmor & Williams
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 63 N. Monastery Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Hedwig Elizabeth Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Ellsworth Schmidt
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1918

8. AGE: Years	Months	Days	If less than one day
24	8	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adolph L. Bierman
13. Birthplace Germany

MOTHER
14. Maiden Name Marie A. Glock
15. Birthplace Germany

16 (a) Informant Husband
(b) Address 63 N. Monastery Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Mednowidge Memorial Park
Location Bella County Md

18 (a) Funeral director F. H. WIPPERT SON
(b) Address 1300 Eutaw Place

19 (c) APR 22 1943 (b) (Registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943 to April 20 1943 and that I last saw her alive on April 20 1943

Immediate cause of death Heart Failure — Duration

Due to Sub acute Bacterial Endocarditis — 3 Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Young M.D.
Address 507 Gres Ave Date signed 4/21/43 M. D.

G 03490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1107

G 03490 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Debaurry A. Arrington

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1943

8. AGE: Years	Months	Days	If less than one day
	1	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bartholomew Arrington
13. Birthplace N. C.

MOTHER
14. Maiden Name Evie Wilkins
15. Birthplace N. C.

16 (a) Informant Evie Arrington
(b) Address 720 N. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a as 2nd

18 (a) Funeral director James A Stans
(b) Address 1142 W Pratt St

19 (a) APR 22 1943 (Date filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 21 — 1943 at 930 A M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 18 — 1943 to 4 — 21 — 1943, and that I last saw him alive on April 20 1943.

Immediate cause of death Acute Catarrhal Pneumonia — Duration

Due to

Due to Influenza

Other Conditions 2

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Carter M. D.
Address 1016 S Stricker St Date signed 4-22-43

VS 189

G 03491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST. & RUTLAND AVE
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Jacob Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Mr. David Kaiser
(b) Address 2443 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Franklyn Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1795 E. Balto. St.

19 (a) APR 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-43 19 , at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943, to April 20 1943, and that I last saw her alive on April 20 1943.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: Arteriosclerotic Ht. Dis.	
Due to: —	
Other Conditions: Bronchopneumonia, Pernicious anemia	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert H. Jacobs M. D.
Address Sinai Hospital Date signed 4/20/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

03492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D Registered No. C 03492

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 W. BARRE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Fisher

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocery Business

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Faga
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address Russia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Pike & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) APR 20 1943 (Filed by Registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1943, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943 to April 21 1943 and that I last saw h alive on April 21, 1943.

Immediate cause of death: Acute pulmonary edema

Due to Left ventricular failure

Due to arteriosclerotic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Hackerman M. D.
Address Sinai Hospital Date signed 4/22/43

03493

HEALTH DEPARTMENT—CITY OF BALTIMORE

03493

CERTIFICATE OF DEATH

1938

1. PLACE OF DEATH West Balto. Gen'l Hosp

Registered No.

CITY OF BALTIMORE: (No. Dukeland + Bayview Sts Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Letlow

If U. S. Veteran specify WAR

(a) Residence: No. 1644 Ruxton Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Letlow

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraham Hochman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lewis Letlow (Address) 1644 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Cem Date 4-22- 1943

19. UNDERTAKER Jacob Levin Inc (Address) 1429 E. Baltimore St

20. APR 22 1943 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1943

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1943, to Apr. 19, 1943

I last saw her alive on Apr. 19, 1943. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Hypertensive - Cardio -

Vascular Disease -

Cardio Hypertrophy, Dilatation + Failure

Date of onset

Other contributory causes of importance:

Myocardial Insufficiency

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Kenneth Corbett M. D.

(Address) West Balto. Gen'l

OCCUPATION is very important. See instructions on back of certificate.

VS 5

C 03494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 Registered No. C 03494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2713 LIBERTY HEIGHTS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2713 LIBERTY HEIGHTS (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN B. SELLMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FAYE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name SAMUEL SELLMAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name MINNIE
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.
(b) 1439 E. Baltimore St.

19 (a) APR 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to 4/20 1943, and that I last saw alive on 4/19 1943.

Immediate cause of death: Acute Cardiac Dilatation

Due to (a)

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace Shadock M. D.
Address 225 Tunlaw Date signed 4/21/43

VS 180

03495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 03495 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospt
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOLOMON MALTZ

3 (b) If veteran, name war

3 (c) Social Security Account No. Not Known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Harry Maltz
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Poe
15. Birthplace Russia

16 (a) Informant Hospt. Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Bonsdale
Location Pikesville, Baltimore Co.

18 (a) Funeral director Jack Levin Jr.
(b) Address 1439 E. Balto St

19 (Signature of local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1943, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 19 43 to 4/21 19 43 and that I last saw h alive on 4/21 19 43.

Immediate cause of death
Cardiac Failure
Due to Arteriosclerotic Cardio-Vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 hrs.
10 min.

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond B. Goldberg
Address Sinai Hospital Date signed 4/22/43

VS 8

03496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 03496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 PORTLAND ST
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Portland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABBIE SCHERR (ABRAHAN SCHERR)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Fannie Scherr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. 8 min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Interment Mt. Elz Riegel
(b) Address 637 White Hall Pl

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Frankstyn Ave

18 (a) Funeral director Jacob Levin Inc
(b) Address 1439 E. Balto. St.

19 APR 20 1943 (Date received by Local Registrar) Huntington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943, to April 20 1943 and that I last saw him alive on April 19 1943

Immediate cause of death: Carcinoma of Stomach & Adhesions — Duration: 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F Milan M.D.

Address 637 Wyse & Bro Date signed 4-24-43 M. D.

VS 156

G 03497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03497 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1116 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle H Sasscer

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 149-18-[illegible]
4 Sex: Female
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Sebastian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 4 1850
8. AGE: Years 93 | Months 3 | Days 16 | If less than one day: hr. min.
9. Birthplace Prince Georges Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Milhom F Berry
13. Birthplace Md

MOTHER
14. Maiden Name Whitney
15. Birthplace

16 (a) Informant Mary Sasscer
(b) Address 1116 St Paul St
17. Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md
18 (a) Funeral director Milhom & Sons
(b) Address 1217 St Paul St
19 (a) (Date rec'd by registrar) (b) Registrar

APR 22 1943

VS 2M Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 9P M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1943 to 4-20-1943, and that I last saw her alive on 4-20 1943.

	Duration
Immediate cause of death: Congestive Heart failure	3 hrs
Due to: Chronic myocardial degeneration	unknown
Due to: Arteriosclerosis general	unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James S. Aikenhead M. D.
Address Hollins Park Heights Date signed 4-21-43

G 03498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 03498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Alto Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter P. Chenoweth

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Amelia W. Chenoweth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1857

8. AGE: Years	Months	Days	If less than one day
85	7	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Benjamin T. Chenoweth
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Wood
15. Birthplace Harford Co. Md.

16 (a) Informant Lawrence B Chenoweth
(b) Address 49 Lafayette Circle, Cin. - Ohio

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by Registrar) (b) Wm. Williams, M.D. Registrar

APR 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1943. to April 19 1943. and that I last saw him alive on April 19 1943.

Immediate cause of death Uremia — Duration 3 days
Due to Arterio-Sclerosis generalized — Years.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry M. Hamman M. D.
Address 20 E. Preston St Date signed 4/24/43

G 03499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

G 03499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3195 Orleans (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred A. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	215-03-9460	Male	White	Married

6 (b) Name of husband or wife: Amber V.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 7, 1908

8. AGE: Years	Months	Days	If less than one day
35 34	1	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Hammer Shop Metal
11. Industry or business Bethlehem Shipbuilding Yard

FATHER
12. Name George Jones
13. Birthplace Woodbourne Md

MOTHER
14. Maiden Name Clara S. Phelps
15. Birthplace Woodbourne Md

16 (a) Informant Amber V. Jones
(b) Address 3192 27th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodbourne Md

18 (a) Funeral director Fulton Coal Inc
(b) Address 2300 L Cont St

19 (a) APR 26 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21- 1943, at 3:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereof and from the evidence obtained by said autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration
Due to
Due to
Other Conditions: Fractured ribs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 4/2
(b) Date of occurrence 4-21-43
(c) Where did injury occur? Bethlehem Shipbuilding Corp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury: Struck by chain, attached to crane

23. Signature Howard J. Waddell M.D. Medical Examiner.
Date signed 4-21-43

VS 6

Yvette

G 03500

#32968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03500 / 918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 E. Madison (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Yvonne Wells (Yvette Melody Wells)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-42

8. AGE: Years	Months	Days	If less than one day
	10	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Woodrow Wells

13. Birthplace N. C.

14. Maiden Name Gloria Brown

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 604 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 22 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to April 20 1943 and that I last saw h alive on 19

Immediate cause of death Heart failure — Duration 10 days

Due to endocarditis, acute

Due to myocarditis, acute

Other Conditions (none)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Zoggia

Address Johns Hopkins Hospital Date signed 4/21/43 M. D.

G 03501 9 BALTIMORE CITY HEALTH DEPARTMENT G 03501
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR MONROE JOHNSON

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Married

6 (b) Name of husband or wife Ida E. Powell
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	26	- hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Letter Carrier, U.S.P.O.
11. Industry or business " (1/43)

FATHER
12. Name David Johnson
13. Birthplace Cumberland, Md.

MOTHER
14. Maiden Name Amanda Heath
15. Birthplace Baltimore, Md.

16 (a) Interment Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) _____ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 22 1943

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH April 19, 1943, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25, 1943, to Apr. 19, 1943, and that I last saw him alive on Apr. 19, 1943.

Immediate cause of death: Pulmonary tuberculosis far advanced bilateral; tuberculous involvement of left visceral and parietal pleura — Duration: Unk.

Due to: -

Other Conditions: -

(Include pregnancy within 3 months of death)
Date of operation: -
Major findings of operations: -

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature Lyman C. Duryea
Address Baltimore, Md. Date signed 4/19/43

Va. 12908

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03503 1/2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 03500 1/2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] Hospital
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 East 27th St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Theodore William Fredric Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1943

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Theodore Wright
13. Birthplace Texas

MOTHER
14. Maiden Name Vivienne Roy
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof March-'43 (month) (day) (year)

(a) Cemetery or crematory Hospital Disposal
Location

18 (a) Funeral director
(b) Address

19 SEP 2 1949 Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1943, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1943 to March 16 1943 and that I last saw him alive on March 16 1943.

	Duration
Immediate cause of death: Congenital heart disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Congenital heart disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mason T. Quadens M.D.
Address Johns Hopkins Hospital Date signed 9-20-49

VS 150

G 03502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03502 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Belmont Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Violet R. Miller

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ludewell Miller
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1880

8. AGE: Years 62 | Months 4 | Days 1 | If less than one day: hr. min.

9. Birthplace Richmond, Va. (Town, county, or state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David A. Richardson
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Martha Ambrose
15. Birthplace Richmond, Va.

16 (a) Informant Mr. Ludwell Miller,
(b) Address 3106 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 26 1943 (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943 at 8:15 AM

21. I certify that death occurred on the date above stated, that I attended deceased from April 9 1943 to April 21 1943, and that I last saw her alive on April 21 1943

Immediate cause of death: Acute Cardiac insufficiency — Duration: 5 hours
Due to: Mild hypertension & Cholecystitis & Arteriosclerosis — several years
Due to: Diabetes Mellitus
Other Conditions: Hyperglycemia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Brennan, M. D.
Address Mercy Hospital Date signed 4/24/43

Calvert & Saratoga Sts

VS 150

G 03503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 D

G 03503 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2627 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN HENRY HEINZ

3 (b) If veteran, name war none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1881

8. AGE: Years	Months	Days	If less than one day
61	10	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Broker
11. Industry or business Self

FATHER
12. Name Charles A. Heinz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Reltiger
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Caroline [illegible] Heinz
(b) Address 2627 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Apr 20 1943 (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 20, 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to April 20 1943 and that I last saw him alive on April 20 1943.

Immediate cause of death Cardiac Dilitation — Duration 3 days

Due to High blood pressure — 5 yrs 6 mos

Due to Myocardial insufficiency — 10 yrs

Other Conditions Endocarditis

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas. L. Summerseason
Address 2858 Hollyford Rd. Date signed 4/21/43

(over)

G 03504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 MM

G 03504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard and Madison

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mon

(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

15

(d) Street No. 906 N. Bentalou St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie R. Dedley

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1880

8. AGE: Years	Months	Days	If less than one day
63	2	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Isaac Dedley

13. Birthplace Balto. Co., Md.

MOTHER

14. Maiden Name Elizabeth Bowers

15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Birdie Sloffer

(b) Address 2019 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) APR 22 1943 (Date rec'd by registrar)

(b) Registrar's signature

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 12:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 4 1943, and that I last saw h[illegible] alive on April 21 1943.

Immediate cause of death

Secondary anemia — Duration

Due to

Due to (ore)

Other Conditions

Gangrene of left foot

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Herman Williams M. D.

Address Maryland General Hospital Date signed April 21, 1943

G 03505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59a

G 03505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables - 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo 20 da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore - 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 West 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Mc. Collmus.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
6 (b) Name of husband ~~or wife~~ Samuel L. Collmus
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 12 1870
8. AGE: Years 72 | Months 9 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Thomas Pratt Jordan
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary Emerson
15. Birthplace Pennsylvania

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St. City
17 (a) (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore - Md
18 (a) Funeral director Wm. McKenrick & Sons
(b) Address Mallette
19 (a) (b) Registrar

APR 28 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 1 o'clock P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1942 to April 21 1943, and that I last saw him alive on April 21 1943.

Immediate cause of death: Arteriosclerosis (Generalized) — Duration: 5 yrs.
Due to:
Due to Rheumatoid Arthritis — 13 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature M. Grafton Hemperger
Address 214 Medical Arts Bldg Date signed 4/27/43

G 03506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 03506
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Elsinore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Elsinore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA M. KING

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John F. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1863

8. AGE: Years	Months	Days	If less than one day
80	1	2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Christian Kirchner
13. Birthplace unknown

MOTHER 14. Maiden Name Katherine Frey
15. Birthplace unknown

16 (a) Informant Mrs. Adelaide Dean
(b) Address 2411 Elsinore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) APR 20 1943 (Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION PM

20. DATE OF DEATH Apr. 19, 1943, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942, to Apr. 19 1943, and that I last saw h-- alive on Apr. 18 1943.

Immediate cause of death: Myocarditis — Duration 1 mo.
Due to arterio-sclerosis — ?
Due to
Other Conditions Hypertension — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter S. Tibbitt M. D.
Address 220 Harrison Blvd Date signed Apr 20/43

G 03507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 03507 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Althoff

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife: Late Samuel H. Althoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1879

8. AGE: Years	Months	Days	If less than one day
63	10	26	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Butler Bros.

11. Industry or business

FATHER
12. Name Francis Schilling
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Hughes
15. Birthplace Md

16 (a) Informant Joseph E. Althoff
(b) Address 110 S. Fulton Ave

17 (a) Burial (b) Date thereof Apr 22/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Mitthe
(b) Address 1101 Edmondson Ave

19 (a) APR 22 1943
(Date received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19/43. 19 . at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1936 to April 19 1943.
that I last saw h alive on April 19 1943.

Immediate cause of death: Carcinoma of Rt Breast — Duration

Due to

Due to

Other Conditions Metastases - liver, lungs & ribs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred Seagrotta M. D.
Address 724 W Lombard St Date signed 4/24/43

G 03508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 03508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 N. Fremont Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Reed

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	B.	Married

6 (b) Name of husband or wife George Reed
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10th 1901

8. AGE: Years	Months	Days	If less than one day
42	—	11	10 hr. min.

9. Birthplace New berry - S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Godfrey Reke
13. Birthplace S.C.

MOTHER
14. Maiden Name Lillar Nelson
15. Birthplace S.C.

16 (a) Informant Mrs. Louise Saunders
(b) Address 624 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (month) (day) (year)
(c) Cemetery or crematory New berry
Location South Carolina

18 (a) Funeral director Mrs Lottie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date received) APR 22 1943 (b) Registrar's signature

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1943 at 10:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 4/20 1943 and that I last saw h[illegible] alive on 4/20 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin H. Stewart Jr
Address Un. Hospital Date signed 4/20/43 M. D.

Typed G 03509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03509
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolton R. Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1 —	20		hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Proctor Briscoe
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Violet Thompson
15. Birthplace Balto. Md

16 (a) Informant Mrs. Violet Briscoe
(b) Address 1219 Park Ave

17 (a) Burial (b) Date thereof 4-23-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N [illegible] St

19 (a) APR 29 1943
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 8 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Autopsy or Inquiry)
obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Acute interstitial pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert [illegible] Graham M.D.
Medical Examiner.
Date signed April 21 1943

VS 6

G 03510

JL - 43510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 49 40 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1033 N. Gilmore St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jefferies Carey

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1903

8. AGE: Years	Months	Days	If less than one day
39	9	21 29	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Reliabl Motor Co.

FATHER

12. Name Luther Carey

13. Birthplace N. C.

MOTHER

14. Maiden Name Cora Chase

15. Birthplace N. C.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-24-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Pulaski

Location Mt. Winans-Md.

18 (a) Funeral director Mrs Fatie R Williams

(b) Address 32[illegible] Schroeder St

19 (a) APR 26 1943 (Date rec'd by registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1943, at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1943, to 4-19 1943, and that I last saw him alive on 4-19 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: On chart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

Means of injury

23. Signature N. P. Pattison M. D.

Address Balto. City Hosp. Date signed 4-21-43

G 03511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03511
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victor L. Burwick

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-8023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Susan B. Petrol

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 8th 1887

8. AGE: Years	Months	Days	If less than one day
55	10	12	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Mrs. Chas. Schnader
(b) Address 711 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John J. Leonard Son
(b) Address 967 Hollins St.

19 APR 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943 to 4/20 1943 and that I last saw him alive on 4/20 1943

Immediate cause of death Gatenia - arteriosclerotic cardio-vascular disease — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.

Address 2030 Wilkens Ave Date signed 4/21/43

G 03512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 03512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 Brandeum
(c) Hospital or institution:
Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 872 Carroll Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Ma	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1896

8. AGE: Years	Months	Days	If less than one day
46	11	29	hr. min.

9. Birthplace Cleveland Ohio (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business

FATHER
12. Name Wm. J. Kelly
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Mary E. Farrell
15. Birthplace Dublin, Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Thos. J. Conway & Son
(b) Address 2045 Hollins St.

19 APR 22 1943 Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 1 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1943 to April 20 1943 and that I last saw him alive on April 20 1943

Immediate cause of death	Duration
Pulmonary Embolus	1 Minute
Due to Auricular Fibrillation	7
Due to	
Other Conditions Rheumatic H. D. Cardiac Failure (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address Church Home + Hospital Date signed 4/22/43

03513 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 6 03513

CERTIFICATE OF DEATH

✓ 72a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital) Ward 24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J. Norton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1525 Byrd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Scott B. Norton

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Anna Mae Ritchie

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. Scott B. Norton
(Address) 1525 Byrd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 4/23/43 Date 19

19. UNDERTAKER J. H. Casely
(Address) 1530 W. Fayette

20. APR 22 1943 19 Hunting for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/43, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came natural (Inquest, Autopsy or Inquiry) death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura Hemorrhagica	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dwight B. McNally M. D.
Coroner

(Address) 4/21/43

V S 6

G 03514
4328 R1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03514
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Calhoun (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys Harley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-41

8. AGE: Years	Months	Days	If less than one day
1	7	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Pork
13. Birthplace ?

MOTHER
14. Maiden Name Rose ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos Wilson
(b) Address 1000 Bentley ave

19 (a) APR 22 1943 Huntington Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to April 20 1943, and that I last saw her alive on April 20 1943.

Immediate cause of death
(a) Meningitis — Duration 12 hr
Due to
Due to Tubercle Bacillus
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrina D. Fraggis M. D.
Address Johns Hopkins Hospital Date signed 4/29/43

G 03515 Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 S. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 S. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Roles

3 (b) If veteran, name war — NO
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER 12. Name William Roles
13. Birthplace Md

MOTHER 14. Maiden Name Clara Foster
15. Birthplace Md

16 (a) Informant Raymond Foster
(b) Address 1613 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Ave

19 (a) APR 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to April 19 1943 and that I last saw h alive on April 18 1943.

Immediate cause of death: Chronic Interstitial nephritis — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roland L. Easley M.D.
Address 1514 E. Balto Date signed April 26

VS 3

G 03516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. G 03516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 E Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Swanner

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Henry.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1887

8. AGE: Years 55 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Palmyra N. C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Harry Thomas

13. Birthplace N. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Jay Hodis

(b) Address 1817 E Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 4/22/43 (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Watson

(b) Address 1000 Bryant Ave

19 (a) (Date received by Registrar) APR 22 1943 Huntington W Virginia, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19, 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23, 1943 to Apr. 19, 1943, and that I last saw h[illegible] alive on Apr. 18, 1943

Immediate cause of death Bronchial Pneumonia — Duration 7 d

Due to

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 E 23rd St Date signed 4-21-43

G 03517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 03517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John St.
(c) Hospital or institution Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Helen Kahn Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/4/1874.

8. AGE: Years	Months	Days	If less than one day
68	5	18	hr. — min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Samuel Kahn
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Steinel
15. Birthplace Germany

16 (a) Informant Mrs. J. J. Miller
(b) Address Park Hotel & Ridge Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Baird Lemmon & Lee
(b) Address 1902 Eutaw Place

19 (a) (Date received) (b) Registrar
APR 26 1943 Registrar of Vital Statistics, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943, to April 22 1943, and that I last saw her alive on April 22 1943.

Immediate cause of death	Duration
Coronary occlusion	2 days.
Due to Arteriosclerotic heart disease.	2 yrs.
Due to	
Other Conditions Bundle-branch block. (Include pregnancy within 3 months of death)	2 days

Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellrigl M. D.
Address 1404 Park Ave. Date signed 4/22/43

4326238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 03518 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7301 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME AARON KAUFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife HORTENSE
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 4-4-69

8. AGE: Years	Months	Days	If less than one day
74	-	17	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name BARAUCH KAUFMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name SARAH COLEMAN
15. Birthplace GERMANY

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore Md.

18 (a) Funeral director David Samuelson & Son
(b) Address 1842 Eutaw Place

19 (a) APR 22 1943 (b) Huntington Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 21 1943. at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1943. to Apr 21 1943. and that I last saw h IM alive on Apr 21 1943.

Immediate cause of death: Post operative Cardio-Resp Failure — Duration

Due to: arteriosclerotic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation Apr. 13 '43

Major findings of operations: BPH. prostate

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Somers
Address Hopkins Hosp Date signed 4/25/43

VS 250

G 03519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03519 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5222 York Rd., Govans.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5222 York Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gertrude Tighe.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ********

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1882

8. AGE: Years	Months	Days	If less than one day
60	9	20	26 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Nurse

11. Industry or business

FATHER
12. Name Thomas Tighe
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dulaney
15. Birthplace Ireland

16 (a) Informant Mrs. William L. Burke
(b) Address 5222 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Homeland Ave. Govans.

18 (a) Funeral director John A. McShane
(b) Address 4201 Greenmount Ave.

19 (a) APR 29 1943 (Date Rec'd by Local Reg.)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943 5 Am M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1943 to April 20 1943 and that I last saw h. alive on April 20 1943

Immediate cause of death: Acute myocarditis

Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony Bianco M.D.
Address 5217 York Rd. Date signed 4/21/43

G 03520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03520 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dougall L. Macdougall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Corinne Doyle
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1881

8. AGE: Years	Months	Days	If less than one day
62	2	23	hr. min.

9. Birthplace Lansing, Mich. (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business retired

FATHER
12. Name Edwin Macdougall
13. Birthplace Canada

MOTHER
14. Maiden Name Emily Jarvis
15. Birthplace Canada

16 (a) Informant Mrs. Corinne D. Macdougall
(b) Address 2132 N. Calvert St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Fort Lincoln
Location ~~Washington, D. C.~~ Maryland

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place
Washington Williams, M.D.

APR 22 1943 (b)
(Date rec'd by registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20/43 19 , at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to 4/20 1943 and that I last saw him alive on 4/20 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Arterio-Sclerosis Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Doody M.D.
Address 1403 Park Ave. Date signed 4/24/43

G 03521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 03521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4847 Park Heights Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4847 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Kyper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary B. Krause

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1854

8. AGE: Years 88 | Months 6 | Days 8 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Kyper
13. Birthplace Md.

MOTHER
14. Maiden Name Louise ?
15. Birthplace Md.

16 (a) Informant Mrs. Bessie S. Poske
(b) Address 4847 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (Date received) APR 29 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1943 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to April 21 1943, and that I last saw him alive on April 20 1943

Immediate cause of death: Hypostatic Pneumania — Duration: 2 days

Due to: Chronic Myocarditis and arterie-sclerosis — Duration: ?

Due to: Senility

Other Conditions: --

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation: --
of autopsy: --

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury

23. Signature H. B. Edwards M.D.
Address 1901 Eutaw Place Date signed 4/22/43

VS 250

G 03522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully looked to. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Grove Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Grove Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kostancija Glenizinte

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-2466

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known ?

8. AGE: Years	Months	Days	If less than one day
About 57			hr. min.

9. Birthplace Lithuanian (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name ? Glenizas
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Not Known
15. Birthplace Lithuanian

16 (a) Informant Mr. Paul Glenizas
(b) Address 2309 Grove Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24, -43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director John A. Grebliunas, Jr.
(b) Address 425 South Paca Street.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20, 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1941, to April 20 1943, and that I last saw her alive on April 19 1943.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 10 days

Due to ARTERIOSCLEROSIS — 1941

Due to CARDIO VASCULAR DISEASE

Due to ARTERIOSCLEROSIS

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Milan M. D.
Address 628 Wyoming Ave Date signed 4 [illegible] 43

VS 8

G 03523 D-D

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 03523
CERTIFICATE OF DEATH 131a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Lakewood Road
(c) Hospital or institution: =
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Lakewood Road (If rural give location)
(e) Citizen of foreign country? = (Yes or No)
If yes, name country

3 (a) FULL NAME Robert L Harryman

3 (b) If veteran, name war

3 (c) Social Security Account No. 2807-1220 R

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Str Engineman
11. Industry or business

FATHER
12. Name Thomas D Harryman
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary P. Baily
15. Birthplace Maryland

16 (a) Informant Frank E. Harryman
(b) Address 4011 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location —

18 (a) Funeral director Mary M Neufeld
(b) Address 701 E 22nd St

(c) 4-23 1943 (b) Huntingtown Williamsport

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to April 20 1943, and that I last saw h[illegible] alive on April 19 1943.

Immediate cause of death Endocarditis
Chronic interstitial Nephritis & Hypertension

Due to

Due to Hypostatic Congestion

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
yrs for Kidney
2 Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Dunham M. D.
Address 1 Medical Arts Bldg Date signed

G 03524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 03524
Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 London Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 London Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray Frances Jones.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/21/42

8. AGE: Years	Months	Days	If less than one day
0	7	0	hr. min.

9. Birthplace 1021 London Ave
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Jones
13. Birthplace Essex County, Va.

MOTHER
14. Maiden Name Bernice Kay
15. Birthplace Baltimore, Md.

16 (a) Informant Walter Jones.
(b) Address 1021 London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1943 (month) (day) (year)

(c) Cemetery or crematory Md. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

APR 22 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1943, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1943 to 4/21 1943, and that I last saw h[illegible] alive on 4/21 1943.

Immediate cause of death
Acute Bronchitis
Bronchopneumonia
Due to Malnutrition

Duration
4 days
1 day

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Leonard Jones M.D.
Address 1021 Druid Hill Ave Date signed 4/24/43

G 03525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03525

Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mount Clair Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County: Baltimore

(c) City or town: Glyndon, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.: Sagamore Farm
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: Samuel Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	176-05-8685	Male	White	Widowed

6 (b) Name of ~~husband~~ or wife: Anna Wilson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 2nd 1872

8. AGE: Years	Months	Days	If less than one day
70	8	18	..... hr. ..... min.

9. Birthplace: Indiana
(Town, county, and state)

10. Usual Occupation: Groom & Watchman

11. Industry or business: Sagamore Racing Stable

FATHER

12. Name: J. W. Wilson

13. Birthplace: Ind.

MOTHER

14. Maiden Name: Sarah Smith

15. Birthplace: Ind.

16 (a) Informant: Wm. Rudy

(b) Address: Sagamore Farm

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)

(c) Cemetery or crematory: St. Charles

Location: Pikesville, Md.

18 (a) Funeral director: C. D. Fanning & Son

(b) Address: 1938 E. Lafayette Ave.

19 (a) APR 29 1943 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/20 1943, at 9:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 4/20 1943, and that I last saw h[illegible] alive on 4/20 1943.

Immediate cause of death: Subarachnoid Hemorrhage — Duration: 24 hrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: H. Goodman M. D.

Address: Freedom, Md. Rt. 1 Date signed:

VS 3

G 03526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

XV G 03526 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.0A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Town~~ Freeland (If outside city or town limits, write RURAL and give town)
(d) Street No. near Stiffle (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Naomi Stiffler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1942

8. AGE: Years — | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Freeland, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER FATHER

12. Name Wm H. Stiffler

13. Birthplace Freeland Md

14. Maiden Name Naomi Smith

15. Birthplace Baltimore, Md

16 (a) Informant Wm H. Stiffler

(b) Address Freeland Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 22, 1943 (month) (day) (year)

(c) Cemetery or crematory

Location New Freedom, Pa.

18 (a) Funeral director Jacob Bartenstein

(b) Address Dept Freedom, Pa.

19 (a) [illegible] Hunting [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 9:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy & investigation thereon and from the evidence obtained by said ~~Inquest~~ Autopsy & investigation and that said deceased came to death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed April 28 1943

G 03527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 D

G 035327 Registration No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Widgeon

3 (b) If veteran, name war None. | 3 (c) Social Security Account No. 213-01-0940

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Emma Widgeon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1879

8. AGE: Years 63 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Columbia Specialty Co

FATHER
12. Name John Widgeon.
13. Birthplace Va

MOTHER
14. Maiden Name Mollie Gales
15. Birthplace Balto. Md

16 (a) Informant Emma Widgeon
(b) Address 606 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Carrollton St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 22 1943

Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to April 20 1943, and that I last saw him alive on April 14 1943.

Immediate cause of death: Carcinoma Lung — Duration: 6 mo

Due to

Due to

Other Conditions Nephritis and metastasis to Vertebra
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph L. Young M. D.

Address 1424 E Monument Date signed 4/20/43

03528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115B

G 03528
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully entered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) (days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Gier (Gier)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Frank C. Gier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1871

8. AGE: Years 65 | Months | Days 21 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clementine Thompson
13. Birthplace Maryland

MOTHER
14. Maiden Name Cecilia Simpson
15. Birthplace Maryland

16 (a) Informant Frank C Gier
(b) Address 3305 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Pinewood
Location

18 (a) Funeral director Leonard J. Ryle
(b) Address 3305 Harford Rd

19 (a) 4/27/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943 at 7:32 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to April 22 1943 and that I last saw her alive on April 22 1943

Immediate cause of death: Peripheral Circulatory Collapse — Duration: 4 hrs

Due to: Pneumonia — Duration: 3 days

Due to: Streptococcic throat infection — Duration: 1 week

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Central necrosis of spleen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Brennan M. D.
Address Mercy Hospital Date signed April 22, 1943

VS 150

G 03529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03529 Registered No.

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Ansquith
(c) Hospital or institution:

10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Ansquith (If rural) give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sr. M. Mathilda Menke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1862

8. AGE: Years 80 | Months 4 | Days 22 | If less than one day: hr min

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name John Menke

13. Birthplace Germany

MOTHER 14. Maiden Name Helen Wunnah

15. Birthplace Germany

16 (a) Informant Sr. M. Stan. Klostka

(b) Address 901 Ansquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date th[illegible] April 24th 43 (month) (day) (year)

(c) Cemetery or crematory Ville Marie, Notch Cliff
Location Glen Arm

18 (a) Funeral director Geo. M. Fink & Son.

(b) Address 811 N. Wolfe St.

19 (a) [illegible] (b) [illegible]
(Date [illegible] 1943 Huntington Avenue, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 11.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1921, to April 22 1943, and that I last saw h[illegible] alive on April 8 1943.

Immediate cause of death: Carcinoma — Duration

Due to: stomach

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. J. Hurley M. D.
Address 1106 Hartlan Date signed 4/22/43

G 03530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

✓ G 03530 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 Chauncery Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 Chauncery Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Samuel G. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	19	hr. min.

9. Birthplace Harford County, Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Samuel G. Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Hollister
15. Birthplace N. C.

16 (a) Informant Dr. E. H. Davis
(b) Address 5700 Greenleaf Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Spesutia
Location Perryman, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) [illegible]
(Signature of Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 21 1943 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Apr. 20 1943.
and that I last saw him alive on Apr. 20 1943.

Immediate cause of death Coronary Occlusion (?) (Died suddenly in sleep.) Duration Brief

Due to Arteriosclerotic Heart Disease Years.

Due to Years.

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Garis M. D.

Address 1014 St. Paul St. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

6, 03531

CERTIFICATE OF DEATH 94 as 03531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3756 Dolfield Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emil J. Reitz Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 3756 Dolfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza A. Reitz

6. DATE OF BIRTH (month, day, year) Feb. 18, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Emil J. Reitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barany

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eliza A. Reitz
(Address) 3756 Dolfield Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/24 '43

19. UNDERTAKER C. Vernon Lippmann
(Address) 4611 Park Heights Av.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH 12 05 AM

21. DATE OF DEATH (month, day, year) 4/24/43, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased [illegible] (the last time I saw the deceased was) [illegible] (Medical Attorney or Inquirer) [illegible] and that I have [illegible] (Medical Attorney or Inquirer) [illegible] and that [illegible] to the best of my knowledge and belief [illegible]

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. McNally M. D.
Coroner

(Address) 7/21/43

WHITE PENCIL, WITH CAPADINE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 03532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03532 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Wardour, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christian A Kuehnle (Christian Albert Kuehnle)

3 (b) If veteran, name war

3 (c) Social Security Account No. 112-34-4737

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Abbie Marion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	19 29	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Own Business

FATHER
12. Name John Christian Kuehnle
13. Birthplace Germany

MOTHER
14. Maiden Name Frederick Knorr
15. Birthplace Germany

16 (a) Informant Walter W. Kuehnle
(b) Address 527 Covington Rd., Upper Darby, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/22/43 (month) (day) (year)
(c) Cemetery or crematory Location Philadelphia, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) APR 23 1943 Huntington Williams, Registrar
(b) Local registrar's number

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to April 22 1943, and that I last saw [illegible] alive on April 22 1943

Immediate cause of death Cardiac failure — Duration

Due to Meningitis ? Streptococcus viridans ? Bacteroides [illegible] abscess

Due to Possible brain abscess

Other Conditions Hemoglobinuria Azotemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Thalley M.D. M. D.
Address University Hosp. Date signed April 22, 1943

G 03533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G 03533 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Isadore Shaffer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lena
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 14, 1873

8. AGE: Years: 69 | Months: 9 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Laborer Water Dept
11. Industry or business: City of Baltimore

FATHER
12. Name: Harry J Shaffer
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Frank Shaffer
(b) Address: 1527 Montpelier St

17 (a) Final (Burial, cremation, or removal) (b) Date thereof: 4/22/43 (month) (day) (year)
(c) Cemetery or crematory: Mouland Forest
Location: Baltimore Md

18 (a) Funeral director: Wilhom & Son Inc
(b) Address: 1217 E Oval St

APR 23 1943 (Date rec'd by registrar)

Attorney for Wilhom & Son Inc

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 4/21 1943 and that I last saw h[illegible] alive on 4/19 1943.

Immediate cause of death: acute dilatation (Cardiac)
Due to: Coronary > Thrombosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Henry L. Sinsky M.D.
Address 310 E North Ave. Date signed 4/22/43

DR- HENRY L. SINSKY

G 03534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 832

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2737 Pusbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2737 Pusbury St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Virginia Dyson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Marcellus
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 4 1860
8. AGE: Years 82 Months 10 Days 16 If less than one day hr. min.
9. Birthplace St Marys Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace St. Marys Co.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Clement Dorsey
(b) Address 2737 Pusbury St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Wilson Col Sec
(b) Address 1219 Eutaw St
19 (a) 4/21/1943 (Date rec'd by registrar) (b) Burial permit issued by Wilson Undertaking Co

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Apr 20 1943
and that I last saw her alive on Apr 20 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	✓
Due to Renimal	
Due to	
Other Conditions General Arteriosclerosis	✓

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓
23. Signature Albert A. Rutzen M.D.
Address 1219 Eutaw St Date signed 4/24/43

VS 150

G 03535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

G 03535
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 N. Balto. St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 N Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Lee Crawford

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1, 1943

8. AGE: Years | Months: 2a | Days: 21 | If less than one day: hr min

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Crawford
13. Birthplace Md.

MOTHER 14. Maiden Name Nina Bugalow
15. Birthplace Md.

16 (a) Informant Mrs. Nina Crawford
(b) Address 746 N. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wilson Cook, Inc.
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21-1943, at 2:25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Status Thymicus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sheeler M.D.
Medical Examiner
Date signed 4-21-43

03536

HEALTH DEPARTMENT—CITY OF BALTIMORE

03536

CERTIFICATE OF DEATH

931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Kresson St. Ward) 6-4

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Annie Elizabeth Dill

If U. S. Veteran specify WAR _____

(a) Residence: No. 13 S. Kresson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Dill

6. DATE OF BIRTH (month, day, year) Jan. 3, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herself

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME James Ganor

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mary Lowry

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs Whaley (Address) 4703 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park National Baltimore Md Date April 24, 1943

19. UNDERTAKER William Cook Inc (Address) 1215 E. Fayette St

20. FILED APR 23 1943, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1943

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1943 to 4/21, 1943

I last saw her alive on 4/21, 1943 Death is said to have occurred on the date stated above, at 4:30 P.m. 4/22.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic heart disease	
Terminal Bronchopneumonia	4/19/43

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Charles J. Bay, M. D.

(Address) 3215 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 03537

AB-80859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

G 03537

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 20 S. Albemarle Street (If rural give location)

(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME AUGUSTA RINFLESCH

3 (b) If veteran, name war

3 (c) Social Security Account No. NAE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed (deceased)

6 (b) Name of husband or wife Henry Rinflesch,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1865

8. AGE: Years	Months	Days	If less than one day
77	8	19	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name ? Wiedenhoff

13. Birthplace Germany

MOTHER

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Balto Md.

18 (a) Funeral director William Cook Inc

(b) Address 127 St Paul St

APR 23 1943 (Date rec'd by registrar)

(b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943, at 10 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1943 to 4-22 1943, and that I last saw her alive on 4-22 1943.

Immediate cause of death Bronchopneumonia

Due to Carcinoma of transverse colon (?) Left

Due to metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

Duration 24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Haas M. D.

Address Balto. City Hosp. Date signed 4-23-43

Dr. Bx

G 03538 ✓ G 03538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 Homewood Ave
(c) Hospital or institution: =
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie S. Filanni

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 Months — Days — If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business —

FATHER 12. Name Harry McK Gee

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name R. Stahl

15. Birthplace Penn —

16 (a) Informant Margaret Filanni

(b) Address 2017 Homewood Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Cold Spring 4-24 1943

Location

18 (a) Funeral director Mary M Wredfield

(b) Address 901 E 27th St

19 (a) (Signature of undertaker) Funeral Director for Williams, Mgr. Registrar

APR 27 1943

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1943, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to April 20 1943, and that I last saw h alive on 1942.

Immediate cause of death Chronic Obstructive pulmonary Malignancy — Duration 1 yr

Due to Diabetes Mellitus — Duration 3 yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar V. Baxter M. D.

Address Med. Sch. Bldg. Date signed 4-23-43

G 03539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 03539
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 E. North Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Harry Little

3 (b) If veteran, name war: C

3 (c) Social Security Account No. 215-10-5630

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation chauffeur

11. Industry or business bus

FATHER
12. Name Harry Little
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Anna Kessler
15. Birthplace Balto., Md.

16 (a) Informant Harry A. Little (son)
(b) Address 1106 Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43 (month) (day) (year)
(c) Cemetery or crematory Govans Presbyterian Cem
Location Govans Balto. Md.

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

APR 23 1943
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943, to April 20 1943, and that I last saw him alive on April 20 1943.

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Fiorito M. D.

Address 5217 York Rd. Date 4/23/43

VS 1

Incomplete data

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03540 — CERTIFICATE OF DEATH — 157E — G 03540

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., G-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (Edward William Amspacher, III) Edwin William Amspacher

If U. S. Veteran specify WAR .....

(a) Residence: No. 810 Homestead St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Feb. 9, 1943.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward William Amspacher

14. BIRTHPLACE (city or town) (State or country) Glen Rock, Pa.

MOTHER

15. MAIDEN NAME Elsie Mildred Myers

16. BIRTHPLACE (city or town) (State or country) Hummelstown, Pa.

17. INFORMANT Mrs. Elsie Amspacher
(Address) 810 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 4/23/43 19

19. UNDERTAKER W.J. TICKNER & SONS
(Address) Baltimore, Md.

20. FILED APR 22 1943 Huntington Hollins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/43 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came natural death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Otitis Media	
	4/2

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hugh B. McNally M. D.
Coroner

(Address) 4/21/43.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 03541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a G 03541

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cambridge Arms Apts. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Eugene Frederick La Porte

If U. S. Veteran specify WAR ...

(a) Residence: No. Cambridge Arms Apts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of Ida La Porte

6. DATE OF BIRTH (month, day, year) June 9, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired auto dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. auto dealer

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 19[illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry La Porte

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Louise Meeche

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Eugene La Porte

(Address) Cambridge Arms Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 4/26/ 1943

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Baltimore, Md.

APR 23 1943 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 19 43

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to April 21 19 43

I last saw him alive on April 1 1943. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 4/14/43

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Francis W. Klunk M. D.

(Address) 715 Park Ave.

INSTRUCTIONS: Items 1-24 must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 03542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 03542
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Walbert Apts., 1800 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country [redacted]

3 (a) FULL NAME JOHN EDWARD DRUERY

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-03-9726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Bessie I. Druery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1888

8. AGE: Years	Months	Days	If less than one day
54	7	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation salesman
11. Industry or business Pollocks' Co.

FATHER
12. Name John A. Druery
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth Neal
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Bessie I. Druery
(b) Address Walbert Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

RECD 4/23/1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 21, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1943 to April 21, 1943 and that I last saw h[illegible] alive on April 21st 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 20 days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. N. Magness
Address 14 E. Read St Date signed 4-23-43

Verona 2689.

VS 180

G 03543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 03543 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Lyndhurst Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milton L. Smith (Milton Lee Smith)

3 (b) If veteran, name war none

3 (c) Social Security Account No. --

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1935

8. AGE:

Years	Months	Days	If less than one day
7	7	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Mr. Milton C. Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mrs. Gladys E. Nollenberg
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Milton C. Smith
(b) Address 2302 Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location

18 (a) Funeral director Wm. J. TICKNER & SONS,
(b) Address Balto., Md.

19 (a) APR 23 1943 (Date received by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 19 43 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1943 to Apr 26 1943 and that I last saw him alive on Apr 22 19 43

Immediate cause of death Generalized peritonitis and septicemia

Due to Ruptured appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April - 1943

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred L. Garrison M. D.
Address 1 Algues Hosp **Date signed** 4/27/43

G 03544

AB-81046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03544

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3119 Fait Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Henninger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22-1928

8. AGE: Years	Months	Days	If less than one day
14	7	30	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation School Child

11. Industry or business

FATHER

12. Name Edward Henninger

13. Birthplace Md.

MOTHER

14. Maiden Name Marie Hommerbacker

15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 24 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Balto Md

18 (a) Funeral director Ullrich Funeral Home

(b) Address 204-8 Aliceanna St

APR 23 1943 (Date Rec'd by Registrar)

(b) [illegible] Williams M.D. Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943 at 3 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1943 to 4-22 1943 and that I last saw her alive on 4-22 1943

Immediate cause of death: Typhoid fever — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Exclusive

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. R. Rackham M. D.

Address Balto. City Hosp Date signed 4-22-43

VS 150

G 03545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 03545 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynes
(c) Hospital or institution: West Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hr. VS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Newington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Lee Price

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			16 hr. 48 min.

9. Birthplace Baltimore Md. (City, county, or town) (State or country) W. Balto. Gen. Hospital
10. Usual Occupation
11. Industry or business

FATHER
12. Name Emmet Lawrence Price
13. Birthplace Stickney, W. Va.

MOTHER
14. Maiden Name Thelma Pauline Massey
15. Birthplace Crownhill, W. Va.

16 (a) Informant Mrs. Thelma Pauline Price
(b) Address 926 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave

18 (a) Funeral director Edgar W. Conklin Sr.
(b) Address 934 E. Eager St.

APR 23 1943 (Date rec'd by registrar) Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 43 at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death atelectasis — Duration

Due to premature birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheshire
Address WBGH Date signed 4/22/43 M. D.

VS 150

G 03546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 03546 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lubeland & Rayner
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Newington Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Sue Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 16 hr. 42 min.

9. Birthplace W. Balto. Gen. Hospital-Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emmet Lawrence Price
13. Birthplace Stickney, W. Va.

MOTHER
14. Maiden Name Thelma Pauline Massey
15. Birthplace Crownhill, W. Va.

16 (a) Informant Mrs. Thelma Pauline Price
(b) Address 926 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. Northern Ave.

18 (a) Funeral director Elmer W. Castleman Son
(b) Address 924 E. Eager St.

19 (a) April 23 1943 (b) Signature of Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 43 at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death atelectasis — Duration

Due to prematurity birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheshire
Address WBGH Date signed 4/23/43

G 03547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 03547 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7-N Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Clinton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No,
If yes, name country

3 (a) FULL NAME Emma Estelle Booth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John H Booth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-1865

8. AGE: Years 77 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Edward H. Booth
(b) Address 3804 4th Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director Leonard Wright
(b) Address 2205 Hanford Rd.

19 (a) APR 23 1943 (b) Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to April 22 1943 and that I last saw h w alive on April 21 1943.

Immediate cause of death Cerebral Apoplexy

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. F. Williams M. D.
Address 3701 Beverly Rd Date signed

G 03548 MAlthAN ✓ G 03548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12/0

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Cheeley Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2920 Cheeley Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Matthan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1871

8. AGE: Years	Months	Days	If less than one day
72	2	10	hr. 1 min.

9. Birthplace Balto Md
(Town, county and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Hugh Laughran
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose —
15. Birthplace Ireland

16 (a) Informant Harry L Matthan
(b) Address 2920 Cheeley Av

17 (a) Bur (Burial, cremation, or removal) (b) Date thereof 4-24-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Leonard Lusk
(b) Address 1205 Hanford Rd

APR 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20: 1943 at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1935 to April 20 1943, and that I last saw her alive on April 20 1943

Immediate cause of death

Chr. myocarditis — Duration 8 yrs

Due to arteriosclerotic cardiovascular renal disease — Duration 8 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Algeri M.D.
M. D.
Address 6217 Hanford Rd Date signed

G 03549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 03549 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 S. Eaton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S. Eaton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Huber

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emily L.

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): April 12 1885

8. AGE: Years 58 | Months - | Days 9 | If less than one day: hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business: Retired

FATHER
12. Name: ? Huber
13. Birthplace: ?

MOTHER
14. Maiden Name: Catherine Hissey
15. Birthplace: Balto

16 (a) Informant: Emily L. Huber
(b) Address: 426 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: 01 Donnell St.

18 (a) Funeral director: M. W. E. Dippold Sons
(b) Address: 409-411 Park Ave.

19 (Date received by Registrar) APR 23 1943 (Signature of Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to April 21 1943, and that I last saw h[illegible] alive on April 21 1943.

Immediate cause of death: Carcinoma of stomach — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jason W. Gaskel

Address: 667 S. Conkling Date signed: 4/22/43

VS 189

G 03550 81114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03550 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3851 Falls Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Mixter

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-7371

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Grace Mixter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1888

8. AGE: Years	Months	Days	If less than one day
54	10	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Mixter
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Caldwell
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chinquelli & Donnelly
(b) Address 3615-17 Eastern Ave.

19 (a) [illegible] Hunting for Williams M.D.
Date received APR 23 1943
VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1943 to 4/22 1943, and that I last saw h[illegible] alive on 4/22 1943.

Immediate cause of death Cerebral Resident (Cerebral hemorrhage

Duration 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Wallbrunn M.D.
Address B.C.H. Date signed 4/24/43

N.L. Wollenweber M.D. Asst Medical Examiner

43-9551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176

G 03551
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 MADISON Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret E Clemens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-71

8. AGE: Years	Months	Days	If less than one day
72	2	20	hr. min.

9. Birthplace D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name MASONIA Webb
13. Birthplace D.C.

MOTHER 14. Maiden Name JENNIE VINCENT
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem
Location Baltimore Md

18 (a) Funeral director Milligan & Jackson
(b) Address 946 Penna Ave

APR 23 1943 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 22 1943 at 12 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 5 1943 to APR 22 1943, and that I last saw h ER alive on APR 22 1943

Immediate cause of death Peritonitis due to perforated duodenal ulcer — Duration 1 day

Due to

Due to

Other Conditions diabetes, bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C Hueman Jr. M. D.
Address J H H Date signed 4-22

G 03552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03552
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 N. Barnes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Barnes St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry A. Stanley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race C.
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Elizabeth (D)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 16, 1879
8. AGE: Years 64 Months 1 Days 4 If less than one day hr. min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name Moses Stanley
13. Birthplace Md

MOTHER
14. Maiden Name Harriett Haines
15. Birthplace Trinidad B. Spain

16 (a) Informant Charles Stanley
(b) Address 713 Mosher St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Evergreen
Location Balto. Md
18 (a) Funeral director Joseph D. Locke Jr
(b) Address 1 Box N. Central Ave
(b) [illegible] for Williams

APR 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943, at 11.49 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1943 to 4-20 1943, and that I last saw him alive on 4-19 1943.

Immediate cause of death: Chronic myocarditis

Duration: unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raynor Browne
Address 1500 E. Madison St Date signed 4/22/43

VS 8

Raynor Browne

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

G 03553 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4401 Garrison Blvd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5/12

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4401 Garrison Blvd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME DR. ERICH BENJAMIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ELIZEBETH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation PHYSICIST

11. Industry or business PSYCHIATRIST

FATHER

12. Name MAX BENJAMIN

13. Birthplace GERMANY

MOTHER

14. Maiden Name THERESA

15. Birthplace GERMANY

16 (a) Informant MR. A.E. HERSH

(b) Address 4401 GARRISON BLVD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-43 (month) (day) (year)

(c) Cemetery or crematory BALTO. HEBREW

Location BELAIR RD

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 APR 23 1943 Huntington Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1940 to Jan 1943, and that I last saw h[illegible] alive on Jan 1943

Immediate cause of death Acute Coronary occlusion — Duration

Due to General arteriosclerosis Acute Dilatation Heart

Due to Asthma - Emphysema

Other Conditions Tuberculosis pulm.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Humphrey M. D.

Address 2301 Eutaw Pl. Date signed 4/23/43

VS 150

G 03554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

G 03554 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mike Jollie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1890

8. AGE: Years	Months	Days	If less than one day
52	4	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name John George Jollie
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary —
15. Birthplace Unknown

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-43 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Balto. Md.

18 (a) Funeral director Geo. A. Farley
(b) Address Fulton & Fayette

19 (a) Filed by registrar Harrington Williams M.D.

APR 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1943 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20, 1943 to April 21, 1943 and that I last saw h alive on April 21, 1943

Immediate cause of death Circulatory Failure — Duration

Due to Possible Coronary Thrombosis

Due to Bronchial Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia, Pulm. Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Tunney M.D.
Address Mercy Hosp Date signed 4/23/43

G 03555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 03555 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas LePoy Moyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1943

8. AGE: Years | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Leroy L. Moyer
13. Birthplace W Va

MOTHER 14. Maiden Name Emma J May
15. Birthplace Pendleton

16 (a) Informant Mrs Emma J Moyer
(b) Address 1824 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Baltimore Md

18 (a) Funeral director Emma A Farley
(b) Address Fulton & Fayette

19 (a) 4-21-1943 (Date received by Registrar) (b) Registrar's No. 159

APPROVED

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 4/22 1943 and that I last saw him alive on 4/21 1943.

Immediate cause of death MALNUTRITION & PREMATURITY — Duration 6 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norman R Kleeman M. D.
Address 1101 N. Fulton Ave Date signed 4/23/43

G 03556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03556 Registered No. 1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 Penn. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Stowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Louisa ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 4/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) (b) [illegible]

APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1943 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943. to April 20 1943
and that I last saw h[illegible] alive on April 19 1943.

Immediate cause of death: Hy performed Gastrectomy
Pneumonia Resp Failure

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W Eid Lacy M.D.
Address 803 N Greenmount Ave Date signed April 26 43

G 03557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. G 03557

1. PLACE OF DEATH: New Sherwood Hotel
(a) Baltimore City, Maryland
(b) Street address 212 Monument St
(c) Hospital or institution:
11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County
(c) City or town Los Angeles (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 E. 59th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Lawrence McGuirk Edward Lawrence McGuirk.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 101-07-6273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	1	19		

9. Birthplace Montreal Canada (Town, county, and state)

10. Usual Occupation Plater Metal

11. Industry or business

FATHER
12. Name Patricke McGuirk
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Doyle
15. Birthplace Ireland

16 (a) Informant Capt. Charles J. Rowley
(b) Address 701 E. 59th St Los Angeles

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 24 '43 (month) (day) (year)

(c) Cemetery or crematory Calvary Cem
Location Queens Brooklyn N.Y.

18 (a) Funeral director Henry H. Jenkins Sons Co.
(b) Address McCulloh & Orchard

19 (a) APR 24 1943 (b) Huntington Williams, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 1.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943 to Apr 23 1943 and that I last saw him alive on April 23 1943

Immediate cause of death	Duration
Acute Dilation Heart.	30 min.
Due to Chronic Myocardial Degeneration.	Several years.
Due to Acute Accompanying Condition.	5 days.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Graham Manton M. D.
Address 516 Cathedral Date signed 4-24-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9

G 03558
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Harford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Doris Wreschinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13 1942

8. AGE: Years	Months	Days	If less than one day
	5	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Daniel Wreschinski
13. Birthplace Dover, Penn.

MOTHER
14. Maiden Name Mary E. Morris
15. Birthplace

16 (a) Informant Father
(b) Address 1308 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Park Wood
Location Taylor ave

18 (a) Funeral director Harry A Wiltze
(b) Address 1101 Edmondson ave

19 (a) APR 24 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1943, to Apr 22 1943, and that I last saw her alive on Apr 22 1943.

Immediate cause of death Heart failure & Pneumonia — Duration 3 days
Due to
Due to Pertussis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Sydenham Hosp. Date signed 4/23/43

03559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 03559
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution:
General Herman Aged Home. 2 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Champness

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widow

6 (b) Name of husband or wife late Robert Champness
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
85	8	8		

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob. Reinhold
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Veith
15. Birthplace Germany

16 (a) Informant Herman Aged Home
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & North Ave.

18 (a) Funeral director Harry A. Witzke
(b) Address 4101 Edmondson Ave.

19 APR 24 1943 (Date Received) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 11.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8/43 to Apr. 23/43. and that I last saw her alive on Apr. 20/43.

Immediate cause of death	Duration
Cardiac Dilitation	2 days.
Due to Cardiac Hypertrophy.	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wells Davis M. D.
Address 930 Adams Date signed Apr 23 43

C 03560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03560

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 S. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 635 S. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Lucy Ann Cunningham
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Lester S. Cunningham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	10	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business own Home

FATHER
12. Name George Propst
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Baugher
15. Birthplace Virginia

16 (a) Informant Lester S. Cunningham
(b) Address 635 S. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43. (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Mittie
(b) Address 4101 E. Monument ave.

19 APR 24 1943 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 21/43. 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 44. to April 21 1943.
and that I last saw h alive on April 21 1943.

Immediate cause of death	Duration
Generalized Carcinomatosis	6 mo.
Due to Carcinoma of Breast	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Oct 16, 1941
Major findings of operation: Medullary Carcinoma Breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hutchins M. Bowell M.D.
Address 413 Frederick Rd Date signed 4/23/43

VS 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 2 Registered No. G 03561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4701 West Over Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4701 West Over Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Joseph Vincent Tilling

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-18-1091

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise Marie Tilling
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 4, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	17	hr. min.

9. Birthplace Westport, Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Retired Electrical Operator
11. Industry or business Pumping Station

FATHER
12. Name Mr. Tilling
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. Louise Marie Tilling
(b) Address 4701 West Over Road

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Elkridge, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 1801 E. Baltimore St.

APR 24 1943
(Date rec'd by registrar)

19 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 11.56 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1943 to Apr 21 1943, and that I last saw h im alive on Apr 21 1943.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to
Due to
Other Conditions Myocarditis — 2 wks
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Walter Dieffenbach M. D.
Address 2220 Garrison Blvd. Date signed

VS 180

03562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03562
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5315 Kenilworth
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Kenilworth ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME annie m Baldwin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F Male	W white	Widowed

6 (b) Name of ~~husband~~ or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1866

8. AGE: Years	Months	Days	If less than one day
76	8	9	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Faast
15. Birthplace Germany

16 (a) Informant Family
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Balto

18 (a) Funeral director Leonard Wright
(b) Address 1205 Harford Rd

19 APR 24 1943 Huntingtown Williamsport, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943 to Apr 20 1943, and that I last saw ~~him~~ her alive on Apr 20 1943.

Immediate cause of death	Duration
Cardiac Failure (Thrombosis)	1 day
Due to	
Due to Cardio Renal dis. Arteriosclerosis.	4 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C N Dorsey M D
Address 1130 E. 33rd St Date signed 4/23/43

VS 250

G 03563
AB- 80688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03563
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Lemont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Raymond Gochenour

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1905

8. AGE: Years	Months	Days	If less than one day
37	8	11	hr. min.

9. Birthplace W.Va.
(Town, county, and state)
10. Usual Occupation Reamer-
11. Industry or business Fairfield Shipyard-Sparrows Point

FATHER
12. Name Isaih Funk
13. Birthplace W.Va.

MOTHER
14. Maiden Name Dora Gochenour
15. Birthplace W.Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)
17 (a) Burial (b) Date thereof 4/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wandesville Co
Location Baltimore Co. Md.
18 (a) Funeral director Bernard P. Hensley
(b) Address 610 Robert St
19 APR 24 1943 (b) Huntington Williamsville
(Signature of Local Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1943, at 5:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1943 to 4-21 1943, and that I last saw him alive on 4-21 1943.

	Duration
Immediate cause of death Hemorrhage in Staph. Aureus Septicemia	2 days
Due to Uremia & urinary extravasation	2 days
Due to Urethral stricture	15 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 3-31-43 & 4-2-43
Major findings of operation: See above
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Henry Haas
Address Baltimore City Hosp. Date signed 4/24/43

03564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. G 03564

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1466 Montpelier
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1466 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad C Schubkegel

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1872

8. AGE: Years 70 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Lamp Inspector
11. Industry or business Rubber Manufacturing Co

FATHER
12. Name George Schubkegel
13. Birthplace Germany

MOTHER
14. Maiden Name Rosetta Inkland
15. Birthplace Germany

16 (a) Informant Mrs Mae Lyons
(b) Address 1454 Montpelier St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhom & Son
(b) Address 1217 E Pratt St

APR 24 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 22 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943 to 4-22-1943. and that I last saw h[illegible] alive on 4-22-1943.

Immediate cause of death — Duration
Hemorrhage — 1 hour
Due to Gastric ulcer — Uncertain
Due to
Other Conditions Arteriosclerosis — Uncertain

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sylvest M. D.
Address 2107 Harford Rd Date signed 4-22-43

VS 180

G 03565

XB-81110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57d

Registered No. G 03565

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS 22

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2Hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE

(If outside city or town limits, write RURAL and give town)

(d) Street No. 666 WASHINGTON BLVD. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME MAUDE SIMERING

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16-1900

8. AGE: Years	Months	Days	If less than one day
42	4	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Employed -Calvert Distillery

11. Industry or business Washington, Blvd.

FATHER

12. Name Apesloan Simering

13. Birthplace Md.

MOTHER

14. Maiden Name Jennie Julia Snyder

15. Birthplace Penn.

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Milburn Co Inc

(b) Address 1218 Eutaw Pl Baltimore, Md

19 (a) APR 24 1943 Registrar

(b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943, at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943, to 4-22 1943, and that I last saw h[illegible] alive on 4-22 1943.

Immediate cause of death ? Brain Tumor — Duration 72 hrs

Due to (a)

Due to (b)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto. City Hosp Date signed 4-24-43

03566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03566
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 W Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY BRUNO HELMERT

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1857

8. AGE: Years 86 85 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Helmert
13. Birthplace Germany

MOTHER
14. Maiden Name Helmert
15. Birthplace Germany

16 (a) Informant Fred Helmert
(b) Address 2506 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory London Town
Location Baltimore Md

18 (a) Funeral director Wilhom & Lee
(b) Address 1219 W Lombard St

19 APR 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 10 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, hypostatic bilateral — Duration

Due to Arteriosclerotic cardiovascular disease

Due to

Other Conditions Fracture, compound right tibia & fibula
(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 6, 1942 at 10 2 M
(c) Where did injury occur? Warwick Ave & Fayette St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No
(Specify type of place)
(e) Means of injury hit and run auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 4-23-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 | a

Registered No. G 03567

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 E Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 E Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Geiss

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Katherine
6 (b) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1871

8. AGE: Years 71 | Months 4 | Days 10 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker Retired
11. Industry or business

FATHER
12. Name Johnnie
13. Birthplace Germany

MOTHER
14. Maiden Name Johnnie
15. Birthplace Germany

16 (a) Informant Herman H. Moore
(b) Address 2207 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Pallhorn & Son
(b) Address 1217 E Fayette St

19 APR 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1943 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to April 23 1943 and that I last saw him alive on April 22 1943.

Immediate cause of death	Duration
Coronary Thrombosis	4 Weeks
Due to Cardio Vascular Renal Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pakorny
Address 2200 E Madison St Date signed 4/25/43 M. D.

03568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

G 03568

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1154 Ward St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 D
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1154 Ward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Reinhardt
3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Kasper
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, year) Nov 19 1867
8. AGE: Years 76 Months 3 Days 24 If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gregory Markwart
13. Birthplace Germany

MOTHER
14. Maiden Name Edith Kessler
15. Birthplace Germany

16 (a) Informant Kasper Reinhardt
(b) Address 1154 Ward St
17 (a) Final (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cathedral
Location Baltimore Md
18 (a) Funeral director Fullerton Co Inc
(b) Address 1217 E Pratt St
19 APR 24 1943 (Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1943 at M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1943 to 4/23 1943, and that I last saw alive on 4/22 1943.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 Day
Due to: Arteriosclerosis	2 Days
Due to: Hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Richard Evans M. D.
Address 1154 Ward St Date signed 4/23/43

VS 180

G 03569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. G 03569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 West Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 40 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Roscroft Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Theresa Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-22-43

8. AGE: Years | Months | Days | If less than one day: 1 hr. 40 min.

9. Birthplace Bon Secours Hospital Balto. (Town, county, and state) Md.

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Joseph Kaufman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Paulmetta Krohn
15. Birthplace Chicago Illinois

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Dom Cathedral
Location Baltimore Md

18 (a) Funeral director Fallon & Sons
(b) Address 319 N. Gay St.

19 APR 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943, to 4-22 1943, and that I last saw her alive on 4-22, 1943.

Immediate cause of death: Congenital atelectasis — Duration ½ hr.
Due to (Premature 7 Mo Fetus)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kenny M.D.
Address Bon Secours Hosp Date signed 4/22/43

VS 3

CAUTION—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before writing, to insure correct and complete answer. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 03570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Calvert St.

(c) Hospital or institution: Mercy Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5 E. Mulberry St (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3 (a) FULL NAME MARY O'NEILL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Thomas O'Neill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1864

8. AGE: Years	Months	Days	If less than one day
78	8	27	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER

12. Name John Finneran

13. Birthplace Ireland

MOTHER

14. Maiden Name Margaret Divine

15. Birthplace Ireland

16 (a) Informant Mercy Hospital Records

(b) Address Baltimore, Md.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director H. H. Meyer & Son

APR 24 1943 5 N. Calvert St.

19 (a) _____ (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 4/22 1943 and that I last saw h alive on 4/22 1943.

Immediate cause of death Cardiac Failure

Due to Cerebro-vascular hemorrhage

Due to Hypertensive Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. B. Gray M. D.

Address Mercy Hospital Date signed 4/23/43

G 03571
AB-81113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 03571 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2Hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 17 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josphine Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years	Months	Days	If less than one day
83 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ? O'Sullivan
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (c) Funeral director H. W. Means & Son
(b) APR 21 1943 5 N. Calvert St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943 to 4-22 1943 and that I last saw h alive on 4-22 1943

Immediate cause of death Senility
Cerebral arteriosclerosis
Due to
Due to
Other Conditions (None)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
Carcinoma of the pancreas with metastasis
Date of autopsy: Metastatic Carcinoma

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Ruddock M. D.
Address Balto. City Hosp Date signed 4-27-43

G 03572

MJ-36578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4220 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs. 7mos. 29days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 1203 (If outside city or town limits, write RURAL and give town)
(d) Street No. South Kilwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vincent Ladzinski or Leginski

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69? Months ? Days ? If less than one day hr. min.

9. Birthplace Poland (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name ?

13. Birthplace Poland

MOTHER 14. Maiden Name Lenora

15. Birthplace Poland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem

Location Balto City

18 (a) Funeral director John M. Weber

(b) Address 461 S. Chester St.

19 APR 24 1943 (Date received) (b) [illegible] Williams

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1943 at 2 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1943 to 4-20 1943 and that I last saw h[illegible] alive on 4-20 1943.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Interventricular H. disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. R. Rathbun M. D.

Address Balto. City Hosp. Date signed 4-23-43

G 03573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (~~years~~, ~~months~~, or days) 13
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Klishis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1886

8. AGE: Years	Months	Days	If less than one day
56	9	19	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuels
13. Birthplace Lithuania

MOTHER
14. Maiden Name ?
15. Birthplace Luth.

16 (a) Informant Frank Klishis
(b) Address 655 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Va.

18 (a) Funeral director Joseph Kasmskas Jr.
(b) Address 608 Washington Blvd

19 (a) (Date of removal) (b) Huntington Williams, M.D.

APR 24 1943

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to April 23 1943 and that I last saw h[illegible] alive on April 22 1943.

Immediate cause of death Cerebral hemorrhage (Internal capsule)
Due to Hypertensive arteriosclerotic CVD
Due to
Other Conditions Auricular fibrillation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Herman Williams M. D.
Address Maryland General Hospital Date signed April 23 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03574 FROTHINGHAM G 03574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 Collins Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 Collins Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine N. Frothingham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: H. Frothingham

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 22 1875

8. AGE: Years 68 | Months 2 | Days 30 29 | If less than one day hr. . min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name David Young
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Dutt
15. Birthplace Germany

16 (a) Informant Albert F. Schaefer
(b) Address 234 Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director F. O. Wagner, Son
(b) Address Belle & Monroe Sts

19 (a) APR 27 1943 (Date received by Local Registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1934 to April 21 1943 and that I last saw h alive on April 21 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 6 Days

Due to: Arteriosclerosis — 8 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Isaac Straus
Address 353 Cathedral Date signed April 24 1943 M. D.

VS 180

G 03575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 E. Lakewood Ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 E. Lakewood Ave
(If rural give location)
(e) Citizen of foreign country? (Answer No)
If yes, name country

3 (a) FULL NAME Antoni Brudnoski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1823

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 Months Days If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Josephine Brudnoski
(b) Address 715 E Lakewood Ave

17 (a) B— (Burial, cremation, or removal) (b) Date thereof 4-28-43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Germantown Pike & Md

18 (a) Funeral director John J. Neal
(b) Address 2829 Hudson St

19 (a) Huntington Williams M.D.

APR 24 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943, at 6 o't. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943, to 4-22 1943, and that I last saw h alive on 4-22 1943.

Immediate cause of death
Hypertension & Nephritis
Myocardial Failure

Duration 4-15-40

Due to

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Schumunk M. D.

Address 842 Eutaw Date signed 4-23-43

G 03576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. G 03576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Madeira St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lee Coll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1931

8. AGE: Years	Months	Days	If less than one day
11	7	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Lee M. Coll
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lillian Glyerich
15. Birthplace Baltimore Md.

16 (a) Informant Lillian Coll
(b) Address 731 N. Lemmon Ave

17 (a) Burial (b) Date thereof Apl 26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Bath.
Location Old Frederick Rd.

18 (a) Funeral director John J. Mogan
(b) Address 300 E. Baltimore St

19 (a) APR 24 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 4:40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Subdural Hematoma of brain — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 1-4
(b) Date of occurrence April 21 1943 at 9 P M
(c) Where did injury occur? Eastern Ave & Madeira (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? no
(Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert H. Emerson M.D.
Medical Examiner.
Date signed April 22 1943

VS 6

G 02577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 035277

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. SPILLNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	705-09-1764

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ethel F. Spillner
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1893

8. AGE: Years	Months	Days	If less than one day
49	7	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business B. & O. R. R.

FATHER
12. Name William F. Spillner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Matilda U. Belt
15. Birthplace Md.

16 (a) Informant Ethel F. Spillner
(b) Address 429 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mountain Ridge
Location Jessups, Md.

18 (a) Funeral director Mr. & Mrs. John H. Enfield
(b) Address 901 N. Fayette St.

19 (a) APR 26 1943 (Date received by Registrar) (b) Hunting for Williams Mill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 12:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion
Due to
Due to
Other Conditions 40
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: 40
of autopsy: 40

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenwober M.D.
Asst Medical Examiner
Date signed 4-23-43

VS 6

G 03578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 T
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Altoona (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Sarah Patterson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frank G. Patterson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 13, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	10	hr. min.

9. Birthplace Altoona, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Thompson
13. Birthplace Williamsburg, Pa.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Williamsburg, Pa.

16 (a) Informant Mr. Clifton Beaumont
(b) Address 1927 W. Mulberry St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. [illegible] Pa.

18 (a) Funeral director Miles Lamonaca
(b) Address [illegible] W. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Mgr. Registrar

APR 24 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to April 1943 and that I last saw h.e.r alive on April 23 1943

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	3 yrs
Coronary Thrombosis	2 yrs
Due to	
Due to	
Other Conditions Diabetes Mellitus	4 yrs

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chester F. Jabloński, M.D.
Address 5217 Cromwell Rd Date signed 4/23/43

G 03579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Elsinor Ave.
(c) Hospital or institution: Walbrook
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Elsinor Ave. Walbrook (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Florence Bell Shutze Diller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William S. Diller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1873

8. AGE: Years	Months	Days	If less than one day
70	3	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Augustus D. Shutze
13. Birthplace Baltimore

MOTHER
14. Maiden Name Laura C. Buckley
15. Birthplace Baltimore

16 (a) Informant Mrs. Gussie C. Manson
(b) Address 2200 Elsinor Ave. Walbrook

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director H. W. Measurson.
(b) Address 805 N. Calvert St. Huntington Williams M.D.

19 (a) (Date received) APR 25 1943 Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at 7.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1941, to April 21 1943, and that I last saw h[illegible] alive on April 21 1943.

Immediate cause of death
(a) Coronary occlusion
(b)
(c)
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Sudden
4/23/43
7 —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Joe Seidel M. D.
Address 3703 Garrison Blvd Date signed 4/24/43

Huntington Williams, M.D.

G 03580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 03580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N. DURHAM ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. DURHAM ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN F. BENTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife DELIA BENTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 10 1859

8. AGE: Years	Months	Days	If less than one day
83	7	11	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation BALTIMORE TRANSIT CO.
11. Industry or business

FATHER
12. Name BENJAMIN BENTON
13. Birthplace MD.

MOTHER
14. Maiden Name MARY S. LAGGS
15. Birthplace MD.

16 (a) Informant JAMES B. BENTON (SON)
(b) Address 117 N. DURHAM ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 26/43 (month) (day) (year)
(c) Cemetery or crematory OAKL LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. MOLE ST. Huntington Williams, M.D.

19 (a) APR 23 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 21 1943, at 3/15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943, to April 21 1943, and that I last saw him alive on April 20 1943.

Immediate cause of death: Coronary Occlusion — Duration: 1 day.
Due to: Chronic Myocarditis — Duration: 1 yr.
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Michael J. Daroch M. D.
Address 2530 E. Baltimore St. Date signed 4-23-43

VS 2

G 03581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. G 03581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 Colvin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Colvin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Prather

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	11	hr. min.

9. Birthplace Wilmington, Del. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Sadie Thomas
(b) Address 1020 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph L. Locke, Jr.
(b) Address 1364 N. Central Ave.

APR 24 1943 (b) (Registered by registrar)

Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 43, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 19 43 to April 21 19 43, and that I last saw h[illegible] alive on April 21 19 43

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Locke

Address 1364 N. Central Ave. Date signed April 23

G 03582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 184

G 03582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) D of A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Covington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1/32

8. AGE: Years	Months	Days	If less than one day
10	7 8	2 0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name William E. Howard
13. Birthplace Baltimore

MOTHER
14. Maiden Name Madelyn Jimmerson
15. Birthplace Phila Pa.

16 (a) Informant Mrs. W. E Howard
(b) Address 1532 Covington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross dale
Location Annapolis Road

18 (a) Funeral director J. J Fahey Home
(b) Address 1218 Light St

19 (a) APR 27 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 7 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Findings of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 21 1943 at 7 P M
(c) Where did injury occur? 1927 Covington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house While at work? no (Specify type of place)
(e) Means of injury shot by revolver

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 22 1943

V8 6

G 03583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Springwood Ave.
(c) Hospital or institution:

26-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Springwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stella M. Heathcote

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles G. Heathcote
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1st. 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	6	22		

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Aaron G. Snyder
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Rachael Anne Beidelman
15. Birthplace Ohio

16 (a) Informant Mrs. Clarence T. Melvin
(b) Address U.S. Naval Air Base

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location

18 (a) Funeral director Logsdon Funeral Home
(b) Address 7401 Belair Rd.

19 (a) APR 24 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd. 1943, at 6.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1943 to Apr. 23 1943 and that I last saw h[illegible] alive on Apr. 23 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio-Sclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Spencer M. D.
Address 1 W. Ostend Ave. Date signed 4/24/43

G 03584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

Registered No. G 03584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Ellamont St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS YORK LAMBERT

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-05-2412

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Lydia Belle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1882

8. AGE: Years	Months	Days	If less than one day
60	8	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Archer's

FATHER
12. Name Sam'l. F. Lambert
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth McCulloh
15. Birthplace Laurel, Md.

16 (a) Informant Mrs. Lydia B. Lambert
(b) Address 1616 Ellamont St.

17 (a) Burial (b) Date thereof 4/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 24 1943 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1943 at M

21. I certify that death occurred on the date above stated; that attended deceased from 12/1/42 to 4/20/43
and that I last saw him alive on 4/19/43

Immediate cause of Chronic Rheumatic Endocarditis + Acute Dilatation of Heart Block — Duration 4 Mos. Fatal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) [illegible] 4/23/43

23. Signature M. D.
Address Date signed

G 03585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 03585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Bloomingdale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Bloomingdale Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JENNIE LIND MURPHY

3 (b) If veteran, name war	3 (c) Social Security Account No.	
none	none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife William J. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/8/1860

8. AGE: Years	Months	Days	If less than one day
82	10	14	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Moses C. Gosnell
13. Birthplace Md.

MOTHER
14. Maiden Name Roxanna Cavey
15. Birthplace Md.

16 (a) Informant Mrs. Joseph K. Knell
(b) Address 1216 Bloomingdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 25 1943 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 22, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from to and that I last saw h alive on

Immediate cause of death	Duration
Senility.	10 yr
Due to Obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Date signed

G 03586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B Registered No. G 03586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N. Charles St.
(c) Hospital or institution:
Charles Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

12-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WALTER ALBERT FREY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	212 - 07 - 8581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Helen Gilmore Frey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1884

8. AGE: Years	Months	Days	If less than one day
58	5	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Wholesale Grocer
11. Industry or business Wholesale Grocer

FATHER
12. Name Albert Gallatine Frey
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Angeline Gevens
15. Birthplace York, Pa.

16 (a) Informant Mrs. Helen G. Frey
(b) Address Charles Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) APR 24 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943, to Apr 21 1943, and that I last saw h alive on Apr 21 1943.

Immediate cause of death Uremia — Duration 1 day

Due to Infiltrating carcinoma of urinary bladder. — about 1½ yr duration

Due to Metastasis to kidneys and liver

Other Conditions — was operated on Aug 24/42

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L Niblett M. D.
Address 22 N Harrison Blvd Date signed Apr 23/43

VS 3

G 03587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 03587

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs. 9 mos 18 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables 700 W. 40th St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Ethel O. Monks (Ethel Olivia Monks)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) September 30, 1895
8. AGE: Years 47 Months 7 Days 22 If less than one day hr. min.
9. Birthplace Baltimore City, Maryland (Town, county, and state)
10. Usual Occupation Investigator
11. Industry or business B & O. Railroad

FATHER
12. Name Porter W. Monks
13. Birthplace Bel Air, Maryland

MOTHER
14. Maiden Name Miss Mary E. Monks
15. Birthplace Bel Air Md. Harford Co. Md.

16 (a) Informant Records, Home for Incurables
(b) Address Home for Incurables, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Taber
Location Pikesville, Md.

18 (a) Funeral director William J. Tucker
(b) Address 1600 E. Lanvale

19 (a) APR 24 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938 to April 22 1943. and that I last saw h[illegible] alive on April 21st 1943

Immediate cause of death: Acute Myocardial Infarction — Duration of [illegible]
Due to Arteriosclerotic Cardio Vascular Disease — 12 years
Due to
Other Conditions Parkinson's Disease — 22 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Emmet Wolf M.D.
Address 11 E. Chase St. Baltimore Md. Date signed 4/25/43

VS 3

G 03588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03588 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Park Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT GLENN McCOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	217-01-3157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Div.

6 (b) Name of husband or wife Rosalie Cain
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) March 23, 1890

8. AGE: Years	Months	Days	If less than one day
53	0	29	hr. min.

9. Birthplace Reisterstown, Md.
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business -

FATHER
12. Name Amos McComas
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Susie Finckler
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof 4/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory All Saints Cem.
Location Reisterstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 24 194 (b) Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 22, 1943, at 11:45M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15, 1943, to Apr. 22, 1943, and that I last saw him alive on Apr. 22, 1943.

Cause	Duration
Immediate cause of death Occlusions complete anterior descending branch left coronary artery	Unknown
Antecedent causes and in lower portion rt. coronary artery	
Due to	
Other Conditions Marked old myocardial scaring with a small acute infarct	Unknown

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? -
(Specify type of place)
(e) Means of injury -
23. Signature H. McComas M.D.
Address Baltimore, Md. Date signed 4/23/43

VS 180

Va. 13033

HEALTH DEPARTMENT—CITY OF BALTIMORE 03589

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Antenna Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LILLIE Bell BOWERS

If U. S. Veteran specify WAR

(a) Residence: No. 4313 ANTENNA AVE 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of G Daniel Bowers

6. DATE OF BIRTH (month, day, year) June 3 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmans, Md

FATHER

13. NAME John P Waddle

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Martha Foster

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT August Ehalt

(Address) 4313 Antenna ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lewistown Pa Date 4/27 1943

19. UNDERTAKER M. L. S. Kreager's Son

(Address) Lewistown Pa

20. FILED APR 24 1943 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermediate Cardiorenal disease	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Wallenmeyer, M. D.

(Address) Asst Medical Examiner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V S 6

G 03590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 27 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Hayward Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELLA TRUMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Richard B. Truman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/10/92

8. AGE: Years 50 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Rutherville, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John J. Sayers

13. Birthplace Grayson Co. Va.

MOTHER 14. Maiden Name Mattie Goodwin

15. Birthplace Bedford, Va.

16 (a) Informant Jos. Truman, husband

(b) Address 3912 Hayward Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/25/43 (month) (day) (year)

(c) Cemetery or crematory Tinton Cem., Roanoke

Location Roanoke, Va.

18 (a) Funeral director Jam. J. Jenkins Son

(b) Address 402 W. Franklin Rd. Roanoke Va.

19 (a) APR 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943 at 8:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

Findings of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 4-23-43

G 03591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

G 03591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 34 W. 25th St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 34 W. 25th St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard R. Sheehan

3 (b) If veteran, name war -

3 (c) Social Security Account No. - None

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose G. Sheehan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1870

8. AGE: Years 72 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Martha's Vineyard, Mass. (Town, county, or state)

10. Usual Occupation Decorator.

11. Industry or business

FATHER 12. Name James Sheehan

13. Birthplace Canada

MOTHER 14. Maiden Name Elizabeth Ray

15. Birthplace Rhode Island

16 (a) Informant Rose G. Sheehan

(b) Address 34 W. 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md

18 (a) Funeral director Durward J. Covington

(b) Address 21 W. 25th St.

19 (a) APR 27 1943 (b) Hampton Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943 at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1943 to April 24 1943. and that I last saw him alive on April 21 1943.

Immediate cause of death Cardiac insufficiency

Due to Angina pectoris

Due to Senile degeneration

Other Conditions

(Include pregnancy within 3 months of death)

Duration 3 days 6 months several months several years

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Roscoe G. Broome M.D.

Address 2439 Maryland Ave Date signed April 26 1943

G 03592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 03592
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 T
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Riggs ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mannie A. Byrd (Maggargle)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1882

8. AGE: Years 60 | Months 119 | Days 24 | If less than one day: hr. min.

9. Birthplace Crisfield, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Ward
13. Birthplace Crisfield, Md

MOTHER 14. Maiden Name Alice Horner
15. Birthplace Crisfield, Md

16 (a) Informant Mildred Scott
(b) Address 2921 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 4/26/43
(c) Cemetery or crematory Asbury
Location Crisfield, Md

18 (a) Funeral director Edmund D. Covington
(b) Address 21 W. 25th St.

19 (a) (Date received by Registrar) APR 24 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apl. 23. 1943. at 7.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apl. 5. 1943. to Apl 23 1943.
and that I last saw h-r alive on Apl 22 1943.

Immediate cause of death

Due to Diabetes Mellitus — Duration several years

Due to

Other Conditions Chronic Myocarditis. Incomplete

(Including pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stphn. C. Blake, M.D.
Address Med. Arts Bldg. Date signed 4/30/43

VS 3

C 03593

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 03593

CERTIFICATE OF DEATH

1310

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Park Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Isabel Handy

If U. S. Veteran specify WAR

(a) Residence: No. 907 Park ave St., 11-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Handy, Raymond

6. DATE OF BIRTH (month, day, year) April 13, 1897

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
46	-	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Maryland

FATHER

13. NAME Owen Hall

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Raymond Handy

(Address) 907 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/28/43 19

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill ave

APR 24 1943

[illegible] Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23- 12:45 PM, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by an Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio - vascular Renal Disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard J. Maddux M. D.

(Address) 700 Fleet St.

B. 03594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

B-03594

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 439 S. Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 S. Parrish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura R. McCracken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Durant S. McCracken
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1875

8. AGE: Years	Months	Days	If less than one day
69	6	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name John Keaton
13. Birthplace Virginia

MOTHER
14. Maiden Name Roberta Vaughn
15. Birthplace Virginia

16 (a) Informant Durant McCracken
(b) Address 439 S. Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/45 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Hardesty & Poe
(b) Address 1200 N. Lombard St.

APR 25 1945 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th, 1945, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1942 to April 19, 1943, and that I last saw her alive on April 17, 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertensive Cardio-Vascular Disease

Due to Arteriosclerosis

Other Conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman H. Bayless, M.D.
Address 1400 Willens Ave Date signed 4/21/45

G 03595

G [redacted] 03595 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registration No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1552 Woodyear

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (County)

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1552 Woodyear (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Annie E. Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife John Rodan Curtis

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Sept 15 1917

8. AGE: Years	Months	Days	If less than one day
25 26	7	9	hr. min.

9. Birthplace St Mary's (Leonardtown) Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Geo. F. Hebb.

13. Birthplace Leonardtown Md.

MOTHER 14. Maiden Name Mary Dawn.

15. Birthplace Leonardtown Md

16 (a) Informant John Rodan Curtis

(b) Address 1552 Woodyear Ave Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)

(c) Cemetery or crematory Our Lady's Chapel

Location Medley's Neck, Md

18 (a) Funeral director H. Circle Attaway & Sons

(b) Address Leonardtown, Md. Phone Ivy 6 Baltimore, Md.

19 APR 25 1943 (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1943, to 4/24 1943, and that I last saw h[illegible] alive on 4/24 1943.

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. McR Curtis M. D.

Address 125 Dunkirk Rd Date signed

4 33360
G 03596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

G 03596
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State N Y (b) County
(c) City or town Bath
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 E William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William D. Garrison
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ruth
6 (c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): 9-30-72
8. AGE: Years: 70 | Months: 7 6 | Days: 25 | If less than one day: hr. min.
9. Birthplace: N.Y.
(Town, county, and state)
10. Usual Occupation: Coal & Oil Dealer
11. Industry or business

FATHER
12. Name: Emanuel Garrison
13. Birthplace: N.Y.

MOTHER
14. Maiden Name: Sophie Otis
15. Birthplace: N.Y.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-43 (month) (day) (year)
(c) Cemetery or crematory Grove Cemetery
Location Bath New York
18 (a) Funeral director Ellsworth Armacost
(b) Address 204 Ridgewood Ave
19 (a) (b)
(Date rec'd by registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1943 at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1943 to Apr 24 1943 and that I last saw him alive on Apr 24 1943.

Immediate cause of death — Duration

Due to Cerebral accident ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 4/24/43

G 03597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03597

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1135 Shakespeare St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1138 Shakespeare St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) FULL NAME Thos. Ramsey

3. (b) If veteran, name war

3. (c) Social Security Account No.

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Ramsey

6. (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) June 4 77

8. AGE: Years 65 Months 10 Days 27 If less than one day hr min

9. Birthplace Pa (City, county, and state)

10. Usual Occupation Lotter

11. Industry or business

FATHER 12. Name Thos. Ramsey

13. Birthplace Pa

MOTHER 14. Maiden Name Rebecca ?

15. Birthplace Pa

16. (a) Informant Bertha Workes

(b) Address 4743 N. Charles St

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-25-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto City Md

18. (a) Funeral director Chas Harker

(b) Address 514 N. Calhoun St

19. (a) (b) Hunting for Hills

APR 25 1943

VS 194

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-43 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-43 to 4-23-43.

and that I last saw him alive on 4-23-43.

Immediate cause of death Cardiac Heart disease — Duration 4 yrs

Due to Arteriosclerosis

Due to Hard work

Other Conditions Enlarged Gall Bladder, Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. A. Lee Ellen M. D.

Address 2 E Monument Date signed 4-24-43

G 03598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03598 ✓ 13/a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 N Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A Klingenstein

3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4 Sex Male
5 Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Henrietta S.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 22 1857
8. AGE: Years 85 Months 7 Days 1 If less than one day hr. min.
9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Transfer Business Retired
11. Industry or business Self

FATHER
12. Name Charles A Klingenstein
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth (Upthegrove)
15. Birthplace Md

16 (a) Informant Henrietta Klingenstein
(b) Address 1920 N Patterson Pk Ave
17. Burial (b) Date thereof 4-27-43 (Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wilson Corpse
(b) Address 1217 N Pont St
19 APR 25 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1943, to April 23 1943, and that I last saw him alive on April 23 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe M. D.
Address 1331 E North Ave Date signed 4-24-43

VS 180

G 03599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03599 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Guilford ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas William Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel L Davis
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min
55	4	16		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Liquor Board

FATHER
12. Name Thomas Davis
13. Birthplace Dulany

MOTHER
14. Maiden Name Elizabeth Coughlan
15. Birthplace Dulany

16 (a) Informant Mabel Davis
(b) Address 2424 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (day) (mo.) (year)
(c) Cemetery or crematory Dyckman
Location Baltimore Md

18 (a) Funeral director Williams Took Co
(b) Address 627 St Paul St

19 (a) APR 25 1943 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1943, at 2.50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Masseis M.D.
Medical Examiner.
Date signed 4-24-43

G 03600 ✓ G 03600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92D

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Payson St. Ward) 16-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CLARENCE BALDWIN

(a) Residence: No. 603 N. Payson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR

S.S. 215-16-0071

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paulina Baldwin

6. DATE OF BIRTH (month, day, year) Aug 16, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Finisher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank Baldwin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Atkinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Clarence Baldwin

(Address) 1242 Hillsdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 4-26-43

19. UNDERTAKER Hilton Holmes

(Address) 2124 E. Eager St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3:45 AM April 23, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described herein on the date stated above; that I last saw deceased alive on

(Hour) (Day or month)

on the date stated above; that said deceased came to his death at the time, date and place stated, from the causes and under the circumstances set forth.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver	
Cardiovascular Disease	
Uremia	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Waldenmaier, M. D.

(Address) Asst. Medical Examiner

V 6 6

G 03601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 R

Registered No. G 03601

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3410 University Place (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Andrew H. Lander

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1860

8. AGE: Years	Months	Days	If less than one day
83	2	0	hr. min.

9. Birthplace New York, N.Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Andrew Lander

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Cooper Smith

15. Birthplace Germany

16 (a) Informant Marion Gilfillan

(b) Address 712 Northby City

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)

(c) Cemetery or crematory Evergreen

Location Druid Hill

18 (a) Funeral director Littleton Dod Inc

(b) Address 704 Cathedral St

APR 25 1943

19 (a) — (Date rec'd by registrar) (b) — Registrar

VS 256

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1943, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943 to 4-24 1943, and that I last saw him alive on 4-22 1943.

Immediate cause of death Cardiac - respiratory failure — Duration —

Due to Cachexia —

Due to Carcinoma of stomach with metastases — Duration 2 -

Other Conditions Rt. inguinal hernia —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature John A. Hutchison Jr. M.D.

Address Union Memorial Hosp. Date signed 4-27-43

G 03602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

G 03602

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co.
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. A. Benson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1854

8. AGE: Years 89 | Months 4 3 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Amos Armacost

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Price

15. Birthplace Md.

16 (a) Informant Mrs. R. S. Koontz

(b) Address Cockeysville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28, 1943 (month) (day) (year)

(c) Cemetery or crematory Jessop

Location Sparks, Maryland

18 (a) Funeral director London M. Brooks

(b) Address Sparks, Md

19 (a) Embalmer (b) Huntington Williams, Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 4:43 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943, to April 25 1943, and that I last saw her alive on April 25 1943

Immediate cause of death: Cardiac respiratory failure — Duration

Due to: Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-18-43

Major findings of operation: Acute gangrenous appendicitis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John H. Hasson M.D.

Address Union Memorial Hosp. Date signed 4-26-43

VS 180

G 03603 ✓ G 03603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2047 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 E North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Melinda Gilliespie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Herbert W. Gilliespie

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 19 1901

8. AGE: Years 41 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Greenville Tenn
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Jos A Cutshall
13. Birthplace Tennessee

MOTHER
14. Maiden Name Ella M Rader
15. Birthplace Tenn

16 (a) Informant Herbert W. Gilliespie
(b) Address 2047 E North Ave

17 (a) Removal (b) Date thereof April 25
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forrest Cem
Location Roanoke Va

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-E Oregon St

19 APR 25 1943 (b) Huntington Williams MD
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943 at 5:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1943 to April 1943.
and that I last saw h[illegible] alive on April 21 1943.

Immediate cause of death Carcinoma of Breast — Duration 1 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation [illegible] 1942

Major findings of operation: Carcinoma of Breast

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sol Smith

Address 1223 E. Mark Ave Date signed 4/24/43 M. D.

VS 3

G 03604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 03604 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 002
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 S. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VINCENT PAPA (PAPAELLI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-7225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-1-1894

8. AGE: Years	Months	Days	If less than one day
48	7	20	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Beth Steel Co.

FATHER
12. Name Vincent Papa
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Pappi
15. Birthplace Italy

16 (a) Informant Mr. Joseph Pappi
(b) Address 4444-N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George D. Pentz Son
(b) Address 1918 Pratt St.

APR 25 1943

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to —

Due to —

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature T. J. Williams M.D. Asst Medical Examiner.
Date signed 4-23-43

VS 6

G 03605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G 03605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Potomac Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Potomac Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie M. Shank

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Lee Shank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	I	21	########	

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Salisbury
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Delia McDonald
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Albert C. Hirschman (Ne
(b) Address 600 N. Potomac Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemeter
Location Frederick Rd. Ralto. Md.

18 (a) Funeral director George D. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) APR 25 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943, to 4/23 1943, and that I last saw h[illegible] alive on 4/4 1943.

Immediate cause of death: Carcinoma of Cervix — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith M. D.
Address 1223 E. North Ave Date signed 4/23/43

Correct age if incorrect. Important. Physicians: please write the causes of death clearly and legibly.

G 03606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 03606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Newington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Newington Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Bridget Mary Donelan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1847

8. AGE: Years	Months	Days	If less than one day
95	8	6	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Donelan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknowen
15. Birthplace Unknowen

16 (a) Informant Angela M. Hamberry
(b) Address 725 Newington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 26 / 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) 5 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21- 1943 at 6.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943, to Apr. 21- 1943, and that I last saw her alive on Apr. 20 1943

Immediate cause of death Cardiac Dilitation (Acute) — Duration 24 hrs.
Due to Aortic Sclerosis
Due to Senility
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. F. Hayden
Address 3114 Harford Road Date signed 4/25/43 M. D.

VS 250

G 03607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03607 Registered No. 46 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPT
(c) Hospital or institution: MONUMENT ST
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-17
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 ROCK ROSE AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORA BUCKNER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife HARRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name SAM
13. Birthplace RUSSIA

MOTHER
14. Maiden Name GULA
15. Birthplace RUSSIA

16 (a) Informant HOSPT. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-25-43 (month) (day) (year)
(c) Cemetery or crematory SOUTHERN AVE
Location SOUTHERN AVE

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

APR 25 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1943, at 2:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to April 24 1943, and that I last saw h[illegible] alive on April 24, 1943.

Immediate cause of death: Gastric hemorrhage — Duration
Due to: Carcinoma of stomach
Due to:
Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Wachsman M. D.
Address Sinai Hospital Date signed 4/24/43

VS 8

G 03608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 NW

G 03608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPT
(c) Hospital or institution: MONUMENT ST
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Boarman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JACK BORNISH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife DORA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 15, 1898

8. AGE: Years	Months	Days	If less than one day
45	-	8	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation GROCER
11. Industry or business

FATHER
12. Name SAM
13. Birthplace RUSSIA

MOTHER
14. Maiden Name MIRIAM
15. Birthplace RUSSIA

16 (a) Informant HOSPT RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-25-43 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location PHILA. RD. & BOWLEYS LANE

18 (a) Funeral director Jack Lamm Inc
(b) Address 1439 E. Balto St

19 (a) APR 25 1943 (b) Registrar Lindsay Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1943, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4/43 to 4/23 1943, and that I last saw h.i.m alive on 4/23 1943.

Immediate cause of death Exhaustion d Aneurism

Due to Carcinomatosis

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max A. Goldstein M.D.
Address Sinai Hospital Date signed 4/23/43

VS 3

G 03609

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03609

CERTIFICATE OF DEATH 194a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2165 Chelsea Terrace Ward 8)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth Worthington

If U. S. Veteran specify WAR

(a) Residence: No. 2165 Chelsea Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late James Worthington

6. DATE OF BIRTH (month, day, year) Jan 10 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

FATHER

13. NAME Littleton Bruce

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lizzie Hopkins

(Address) 2165 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL Havre de Grace Md

Place Angel Hill Cem Date April 27, 1943

19. UNDERTAKER Pennington & Son

(Address) Havre de Grace Md

20. FILED APR 25 1943 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1943

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1943 to April 24, 1943

I last saw her alive on April 24, 1943 Death is said to have occurred on the date stated above, at 8:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 Day
Other contributory causes of importance: Coronary Thrombosis	20 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) R. B. Keyser M. D.

(Address) Westminster Md

OCCUPATION is very important. See instructions on back of certificate.

G 03610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03610 Registered No. 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ANNE ARUNDLE
(c) City or town FERN DALE (If outside city or town limits, write RURAL and give town)
(d) Street No. BALTIMORE AND WILHELM AVES (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ELSIE LOUISE BRYANT.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex: F
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife: NONE.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) MAR. 19 1934
8. AGE: Years 9 | Months 1 | Days 5 | If less than one day: hr. min.
9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation CHILD
11. Industry or business

FATHER
12. Name BENJAMIN THOMAS BRYANT
13. Birthplace N. CAROLINA

MOTHER
14. Maiden Name DELLA GRAMMER
15. Birthplace VIRGINIA.

16 (a) Informant FATHER
(b) Address FERNDALE MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem. Balto Md
Location
18 (a) Funeral director Bernard G. Hahn
(b) Address 121 E West St.
APR 25 1943 (Date rec'd by Registrar) (b) Huntington Williamsport Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943 at 10 30 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-17-1943 to 4-24-1943, and that I last saw her alive on 4-24-1943.

Immediate cause of death — Duration
(3) uremia
(2) pulmonary edema
(1) heart failure
Due to
Due to diphtheria
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: tracheotomy
of autopsy: bronchus - mod. purulent, bronchial pulmonary edema, enlarged liver, edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Helen Bonig
Address Union Memorial Hosp Date signed Apr 24 43

[redacted] 03611 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 B

Registered [redacted] 03611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1660 Mt. Mor Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1914

8. AGE: Years	Months	Days	If less than one day
28	11 9	25	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business unknown

FATHER
12. Name Henry McKinnex
13. Birthplace S. C.

MOTHER
14. Maiden Name Annabelle Morrison
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Myl Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Filed APR 25 1943 (Registrar) (b) Registered No. Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 2 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1943 to 4-23 1943 and that I last saw her alive on 4-23 1943.

Immediate cause of death: Cerebral Hemorrhage (a) ~~Due to~~ Hypertensive Cardiovascular Disease (b) Due to (Abruptio Placenta, Pregnancy 34 weeks. (c) Other Conditions Pneumonia, terminal. (Include pregnancy within 3 months of death)

Duration: (a) 4 days (b) 9 mos. (c) [illegible]

Date of operation 4-19-43
Major findings of operation Abruptio Placenta, Couvelaire Uterus
of autopsy: Same as above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Balto. City Hosp. Date signed 4-24-43

G 03612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1338

G 03612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina st
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 26 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 W. Lafayette ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Payne.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-18-1874

8. AGE: Years	Months	Days	If less than one day
68	5 6	4	hr. min.

9. Birthplace Nth Umberland County Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Renner Payne
13. Birthplace Va

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Va

16 (a) Informant Mary L. Payne
(b) Address 1235 W. Lafayette ave

17 (a) Burial (b) Date thereof 4/ 26 · 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pierpont ave

19 (a) 5-043 (b)
City Registrar Register

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1943 at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1943 to 4-22 1943 and that I last saw alive on 4-22 1943.

Immediate cause of death	Duration
Left Peri-nephritis Abscess	2 months
Due to Left Kidney	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Left peri-nephritic abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuelling M.D.
Address St. Joseph's Hosp. Date signed 4-26-43

PD 2 31 Vs 1

Certificate 03613 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 124 CG 03613

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 N. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Pittsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7604 Mulford St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otho Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1871

8. AGE: Years: 72. | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: James Brown
13. Birthplace

MOTHER 14. Maiden Name: ✓
15. Birthplace

16 (a) Informant: Ruth Sampson
(b) Address: 635 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 26-43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location

18 (a) Funeral director: James A. Hayes
(b) Address: 1611 W. Fayette St
Baltimore, Md.

APR 25 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 22 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to Apr 22 1943; that I last saw h alive on Apr 22 1943

Immediate cause of death — Duration

Due to Cirrhosis of the liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: S. Edwards Tiahrt M. D.
Address: 1602 E. Monument Date signed: 4/23/43

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 03614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1640a

G 03614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Ward

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-4124

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Available
15. Birthplace Ireland

16 (a) Informant Mrs Wm Ward
(b) Address 431 N Direct st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Holy Nativity
Location Baltimore Md

18 (a) Funeral director George A Fuller
(b) Address Fulton & Fayette

19 (a) Date received by registrar APR 25 1943 (b) Registrar Harlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1943, at 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation — Duration
Due to: Hanging
Due to:
Other Conditions: Despondent
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Probably 4-16-43?
(c) Where did injury occur? Ellicott Com, P. 9 Balto-St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Strangled from cords and towel.

23. Signature Howard J. Lewis M.D. Medical Examiner.
Date signed 4-24-43

VS 6

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

G 03615 Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be given. TYPEWRITING OR PRINTING IN INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address 638 N. Carrollton Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 N Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME John Williams ✓

3 (b) If veteran, name war W
3 (c) Social Security Account No. 219-01-3367

4. Sex: Male
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Daniella Williams
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 1881
8. AGE: Years 62 | Months — | Days — | If less than one day: hr. ✓ min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Abraham Williams
13. Birthplace Va

MOTHER
14. Maiden Name Geneva Utley
15. Birthplace Va

16 (a) Informant Daniella Williams
(b) Address 638 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co — Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

APR 25 1943 (Date received by Registrar) (b) Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21- 1943 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2- 1943. to 4-20- 1943.
and that I last saw h-se alive on 4-20- 1943.

Immediate cause of death ..... Duration

Acute Lobar Pneumonia

Due to ✓

Due to ✓

Other Conditions Left

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry C Carson M. D.
Address 1016 S. Stricker St Date signed 4-25-43

G 03616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 03616 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1543 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore Co Md~~
(c) City or town ~~1543 Argyle ave~~ Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1543 Argyle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Cutler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jennie E. Cutler

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.) 8-15-1868

8. AGE: Years 74 | Months 8 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Northampton Co Va.
(Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant: Jennie E. Cutler
(b) Address: 1543 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29th 1943 (month) (day) (year)

(c) Cemetery or crematory: Parkelay Va.
Location: Va

18 (a) Funeral director: Calvary A. Wilson
(b) Address: 1000 Brantley

19 (a) Apr 25 1943 (Date received by registrar) (b) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1943, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1943 to 4-23 1943 and that I last saw h alive on 4-16 1943.

Immediate cause of death	Duration
Hypertension Cardio Vascular Renal	9 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address [illegible] Date signed 4-23 1943

G 03617

MT-78823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51 B

G 03617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos. 24 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 16 North Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-2532

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1878

8. AGE: Years 64 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cook-(unemployed)

11. Industry or business

FATHER
12. Name Thomas E. Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Murray
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Balto.

18 (a) Funeral director Samuel M. Sullivan
(b) Address 117 N. Carrollton Ave.

APR 25 1943

(Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1943 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 4-22 1943.
and that I last saw h[illegible] alive on 4-22 1943.

Immediate cause of death
Pyelonephritis
Due to Carcinoma of Prostate
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 12-30-42
Major findings of operation: Ca above Bilateral orchidectomy done
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Balto. City Hosp. Date signed 4-23-43

G 03618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Stevens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Bodensick

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2732

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Iris
6 (c) If alive, give age? years
7. Birth date of deceased (mo., day, yr.) July 2, 1890
8. AGE: Years 52 | Months 9 | Days 21 | If less than one day: hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Tobacco.

FATHER
12. Name William Bodensick
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Bartenbacher
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George F. Schwab
(b) Address 2101 Frederick Ave.

19 (a) APR 26 1943 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to April 23 1943, and that I last saw him alive on April 23 1943.

Immediate cause of death Rheumatic CVD with aortic and mitral stenosis — Duration

Due to

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheumatic CVD

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Herman Williams M. D.
Address Maryland General Hosp. Date signed April 23 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 03619

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WRITE IN PRINTING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 Wilkens ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph T. Abigill

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Daisy O. Abigill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18-1863

8. AGE: Years 79 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Pattern Machinist

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John R. Abigill
13. Birthplace Md.

MOTHER
14. Maiden Name Acania Countess
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Daisy O. Abigill
(b) Address 2026 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-1943 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Pennsylvania Ave, Md

APR 26 1943 (Date Rec'd by Registrar) (b) Tuesday or Wednesday Registrar

VS 1

MEDICAL CERTIFICATION

39

20. DATE OF DEATH April 23 1943, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1943 to Apr 23 1943 and that I last saw h[illegible] alive on Apr 23 1943

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions ✓

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operations: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature John R. Abigill M.D.
Address 1219 Ogden Ave Date signed 4/24/43

G 03620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03620 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. University 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town East (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. Westminster. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irene Lindsay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Albert S. Lindsay
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 2 1873

8. AGE:	Years	Months	Days	If less than one day
	69	9	22	hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Young.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Anne Frizzell
15. Birthplace Maryland

16 (a) Informant Albert S. Lindsay
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Taylorsville
Location Taylorsville Carroll Co. Md

18 (a) Funeral director C. M. Walsh
(b) Address Winfield Md

19 (a) [illegible] (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943, to April 24 1943, and that I last saw him alive on April 24 1943.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension Cardiac Insufficiency disease

Due to

Other Conditions Duodenal Ulceration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend M. D.
Address Community Hospital Date signed 4-25-43

Apr 28 1943 Huntington Williams, M.D.

Correct age is especially important. Physicians, please write the figures of death clearly and legibly.

G 03621
JL - 81119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03621 ✓ 108
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 52
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Warren ✓

3 (b) If veteran, name war
3 (c) Social Security Account No. 2169 10-1722

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1892

8. AGE: Years	Months	Days	If less than one day
50 ?	11	8	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Steel mill

FATHER
12. Name James Warren
13. Birthplace N C

MOTHER
14. Maiden Name Mary James
15. Birthplace N C Eastern Ave

16 (a) Informant Martha Taylor
(b) Address 210 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A A Co. Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

APR 26 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1943, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943 to 4-23 1943, and that I last saw him alive on 4-23 1943.

Immediate cause of death Pneumococcal meningitis — Duration ?
Due to Lobar pneumonia — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: the above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Robertson M. D.
Address Balt City Hosp Date signed 4-24-43

VS 150

G 03622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

G 03622
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Wilmer Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Broadaway

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 48			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James Price
(b) Address 713 Wilmer Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) APR 26 1943 (Date received by registrar) Thomas J. Waters Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21- 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Hypertrophied Myocardial Degeneration	
Due to	
Due to	
Other Conditions Advanced for two years	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 4-21-43

VS 6

G 02623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

✓ G 02623 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Bay street (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Walter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-12-43

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Howard Walter
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Dorothy Cook
15. Birthplace Baltimore Maryland

16 (a) Informant Howard Walter.
(b) Address 713 Bay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1943 (month) (day) (year)
(c) Cemetery or crematory Aberdeen
Location Balto Co.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 2615 Chestnut Ave.

19 (a) APR 26 1943 (Date) (City registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1943, at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1943, to 4-25 1943, and that I last saw him alive on 4-25 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Prematurity	
Due to	
Other Conditions Premature 6 Mo 3 weeks. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Mc C. Finney M. D.
Address Union Memorial Hosp. Date signed 4-25-43

VS 250

G 02624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 02624
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Whatcoat St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Frazier

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/73

8. AGE: Years	Months	Days	If less than one day
70 69	1	1	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Makel
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Thomas
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem
Location Friendship Md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Presstman St

19 (a) [redacted] (b) [redacted] Wilkinson MD
(Date) APR 26 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943 to April 23 1943, and that I last saw her alive on April 23 1943

Immediate cause of death: bronchopneumonia
Due to: myelonephritis
Due to:
Other Conditions: diabetes mellitus hypertensive C-V disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 days ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L C Duncan Jr
Address JHH Date signed 4-23-43

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

G 02625 ✓ G 02625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1220

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Grane & Redwood St.
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1249 N. Fremont
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Jerome Cure

3 (b) If veteran, name war: — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	infant

6 (b) Name of husband or wife unmarried
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/2/1943

8. AGE: Years	Months	Days	If less than one day hr.	min.
—	1 mo	21		

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Lawrence Cure
13. Birthplace Maryland

MOTHER
14. Maiden Name Gynda Lemmay
15. Birthplace Virginia

16 (a) Informant Mother
(b) Address 1249 N. Fremont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Eastern Ave.

19 (a) APR 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1943, to 4-23 1943, and that I last saw him alive on 4-23 1943.

Immediate cause of death Paralytic ileus — Duration 2 days

Due to toxemia due to an acute infection process

Due to .....

Other Conditions Malnutrition, dehydration, tetany (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: —

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Robert J. Keadle M. D.
Address University Hospital Date signed 4-23-43

VS 180

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 02626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 02626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland -
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables - 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 2 mos. 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 West 40th St. -
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Olivia Simpson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White -	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1860

8. AGE: Years	Months	Days	If less than one day
82	9	3	hr. min.

9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Thomas Beall Simpson
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Eliza Stone
15. Birthplace Indiana.

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner
(b) Address Balto., Md.

19 (a) APR 28 1943 (Date received by Registrar) Hunting & Williams, M.D. Address 11 E. Chase St. Baltimore, Maryland

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1938 to April 23rd 1943, and that I last saw her alive on April 23rd 1943.

Immediate cause of death	Duration
Congestive Heart Failure	1 week
Due to Hypertensive Cardio Vascular Disease	10 years
Due to	
Other Conditions Left Hemiplegia	5 weeks

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Connor W.M. M. D.
Date signed 4-28-43

G 03627 ✓ G 03627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 St. Dunstan's Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 St. Dunstan's Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERTA B. (BERTIE) SCHNEPFE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles H. Schnepfe, Jr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 2, 1872

8. AGE: Years: 70 Months: 8 Days: 20 If less than one day: hr. min.

9. Birthplace: Va.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Harry Auld
13. Birthplace: Va

MOTHER
14. Maiden Name: Sarah Legar
15. Birthplace: Va

16 (a) Informant: Mr. Howard A. Schnepfe
(b) Address: 302 Thornhill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: H. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) [illegible] 1943 Registrar (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1943 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19.
and that I last saw h alive on 19.

Immediate cause of death: Carcinoma head of pancreas — Duration: 4 yrs.

Due to

Due to

Other Conditions: Hypertension — Acute myocardial failure — 2 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert F. Leggett, M.D.
Address: 117 St Paul St. Date signed: 4/26/43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... Every item of information should be carefully ...

G 02628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 02628

#183 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Found at foot of 7 St. Broadway in water Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUSTUS H. JOHNSON If U. S. Veteran specify WAR

(a) Residence: No. 1519 E. CHASE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Jones

6. DATE OF BIRTH (month, day, year) July 10th 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 30	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westmoreland Co.,
(State or country) Virginia

FATHER

13. NAME Adams Johnson

14. BIRTHPLACE (city or town) Westmoreland Co.,
(State or country) Virginia

MOTHER

15. MAIDEN NAME Etter Johnson

16. BIRTHPLACE (city or town) Westmoreland Co.,
(State or country) Virginia

17. INFORMANT Martha Johnson
(Address) 1519 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. National Cem. Date April 26 1943

19. UNDERTAKER Archibald D. Gaddis
(Address) 2181 Pitcher Lenthorp St.

20. FILED 19
Registrar.

APR 26 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 a.m. April 23, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 19 43

Where did injury occur? Water
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public 2/3

Manner of injury Drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Wollenweber, M. D.

(Address) Asst. Medical Examiner

V 8 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD.

02629 HEALTH DEPARTMENT—CITY OF BALTIMORE G 03629

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPITAL St. 26-7 Ward) 190 C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Oscar Simley Woods (Jack)

If U. S. Veteran specify WAR .....

(a) Residence: No. 727 S. Newkirk St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) May 31, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	11	7	24 23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Roanoke, Va.

FATHER

13. NAME Rufus E.

14. BIRTHPLACE (city or town) (State or country) Roanoke, Va.

MOTHER

15. MAIDEN NAME Mary E. Frith

16. BIRTHPLACE (city or town) (State or country) Franklin Co. Va.

17. INFORMANT .....

(Address) .....

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Roanoke, Va. Date April 28, 1943

19. UNDERTAKER W. H. J. Tuckwiller & Sons

(Address) 1104 S. Jefferson Ave.

20. FILED APR 26 1943 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24- 8:30 A.M., 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by Inquest - Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Fractured Pelvis	
" Tibia & fibula	
Other contributory causes of importance: Multiple bruises	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-24, 1943

Where did injury occur? Eastern Ave. & Chesapeake St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by automobile

Nature of injury as mentioned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard J. Walker, M. D.

(Address) 720 E. Fleet St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 2630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 Samuel ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Neal Deutsch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9 / 43

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Deutsch
13. Birthplace New York.

MOTHER
14. Maiden Name Bertha Rosenberg
15. Birthplace New York

16 (a) Informant William Deutsch
(b) Address 4800 Samuel ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4 / 26 / 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Sol Levin & Bros
(b) Address 124-26 W Mt St ave

19 APR 26 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 19 43, at 10 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 19 43 to 4/25 19 43, and that I last saw h.m alive on 4/25 19 43.

Immediate cause of death Laceration ?

Due to

Due to

Other Conditions Hemorrhage ? Otitis media

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Laceration Pneumonia

Duration 3 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond B Hollberg M.D.
Address Sinai Hosp. Date signed 4/26/43

VS 3

G 03631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95a

Registered No. 13980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 762 Mc Henry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 Mc Henry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1859

8. AGE: Years 84 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name John Parasonette
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore

16 (a) Informant Geo. E. Jennings
(b) Address 733 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location East End of North Ave

18 (a) Funeral director John F. Degnan & Son
(b) Address 60 Hollins St.

19 (a) APR 26 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943 at 4 41 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1943 to Apr. 24 1943 and that I last saw h[illegible] alive on Apr 24 1943

Immediate cause of death: Auricular Fibrillation — Duration: 3 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 517 Scott St. Date signed Apr 26/43

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TYPEWRITER OR PRINTING INK.

G 03632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03632 Registered No.

Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4601 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4601 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret E. McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	1	20		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name John McLaughlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs Bessie Shields
(b) Address 3332 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conan & Son
(b) Address 901 Hollins St.

19 (a) [illegible] 28 1943 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1943 to 4/27 1943, and that I last saw h[illegible] alive on 4/24 1943.

Immediate cause of death: Acute bronchitis — Duration: 1 day

Due to: arteriosclerotic cardiovascular disease

Due to:

Other Conditions: Anemia - uncertain
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thurston E Storey M. D.
Address 3802 Edmondson Ave Date signed 4/26/43

VS 3

Huntington Williams, M.D.

C 63653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 63653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Schnabel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Schnabel

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13

8. AGE: Years 44 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Abey Baker
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace Md.

16 (a) Informant John Schnabel
(b) Address 2301 E. North ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo S. Leo
(b) Address 1705-02 N. Patterson Park ave

19 (a) Filed by registrar Harrington Williams, Registrar
APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1943, at 11:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 4/24/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03634 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 E. Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Floyd

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1908

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	4	16		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Garland Floyd
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Marie Johnson
15. Birthplace Whitestone, Virginia

16 (a) Informant Marie Barbes
(b) Address 1607 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Arbutus Md

18 (a) Funeral director Mrs. Robt A. Elliott + Dgt
(b) Address 1297 N. Carlton St

19 (a) (b)

Registered by [illegible] Date received APR 26 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1943, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1942 to 4-21 1943, and that I last saw h. IM alive on 4-19 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1500 E. Madison St Date signed 4/24/43

C 03635

BALTIMORE CITY HEALTH DEPARTMENT C 03635

Registered No.

CERTIFICATE OF DEATH 309

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 742 W Redwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 742 W. Redwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Mae Suter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife George
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) December 21, 1907

8. AGE: Years	Months	Days	If less than one day
35	3	25	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie Henson
15. Birthplace Va.

16 (a) Informant George Suter
(b) Address 742 W. Redwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G.G. County Md.

18 (a) Funeral director Mrs. Lyles A. Ellwanger
(b) Address 1129 N. Carlin St.

19 (a) APR 26 1943 Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1943 at 10.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1943, to 4/22 1943, and that I last saw her alive on 4/22 1943.

Immediate cause of death: Acute Heart failure — Duration 2 days

Due to

Due to

Other Conditions Thrombosis. ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Townsend M. D.
Address 910 W. Lombard Date signed 4/24/43

G 03636 JL 5 81106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G-03636 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 E. Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Link

3 (b) If veteran, name war —

3 (c) Social Security Account No. 123-14-2177

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret Link

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1885

8. AGE: Years	Months	Days	If less than one day
57	9	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name George Link
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Philip Herring & Son
(b) Address 2024 Orleans St

19 (a) (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1943, at 4 55/100 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943, to 4-24 1943 and that I last saw him alive on 4-24 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 18 hrs.

Due to Hypertension C.V. disease — Duration ? years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-24-43

C 03637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 03637 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4236 Parkside Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4236 Parkside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	213-28-9749

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Ration Board
11. Industry or business (Mt Royal)

FATHER
12. Name -----Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Mary Smith
(b) Address 4236 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2924 Orleans St.

19 (a) (Date received) APR 28 1943 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23/43 19 , at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan — 19 to April 23 1943, and that I last saw h alive on Jan. — 1943.

Immediate cause of death Acute coronary occlusion — Duration

Due to Hypostatic Pneumonia — 5-6 days

Due to Chronic Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred. E. Redman M. D.
Address 4300 Sheldon Pl. Date signed 4/26/43

C 03638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

C 03638 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 Forsuch Ave. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Dr. Robert R. Butz, Jr.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-0238

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Clara F. Butz (nee Dorr)
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) April 26, 1894
8. AGE: Years 48 | Months 11 | Days 29 | If less than one day — hr. — min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shop maintenance man
11. Industry or business Corrugated Paper Box Co.

FATHER
12. Name George F. Butz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Elizabeth Elliott
15. Birthplace Ireland

16 (a) Informant Mrs. Clara F. Butz (wife)
(b) Address 1728 Forsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400-02 N. Charles St.

19 (a) — (b) — Registrar

APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1943 to April 25 1943 and that I last saw him alive on April 25 1943.

Immediate cause of death Meningitis non-specific

Due to —

Due to —

Other Conditions Pyelitis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Pyelitis, acute, bilateral

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature J. Calhoun Rowland M.D.
Address St. Agnes Hosp. Date signed 4/25/43

C 03639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C Registered 03639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 ST. Paul St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. [redacted] O. Atwood Caroline B.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife Mr. William O. Atwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1865

8. AGE: Years	Months	Days	If less than one day
78	1	27	hr. min.

9. Birthplace Balto., Maryland (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William W. Ousler
13. Birthplace Maryland

MOTHER
14. Maiden Name Melissa Talbot
15. Birthplace Maryland

16 (a) Informant Mrs. Helen A. Taylor
(b) Address 3004 Huntington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 30 Apr 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 26 1943 (Date received by Registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 1:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943 to 4-25 1943, and that I last saw her alive on 4-25 1943.

Immediate cause of death Cardio-respiratory failure
Due to Arterio-sclerotic heart disease
Due to
Other Conditions Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 4/27/43

VS 150

Correct age is especially important. Physicians please write the causes of death clearly and legibly.

C 03640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

C 03640 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Clifton Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Anna R. Rich

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Bradford Rich
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 18 63

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	3	5		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business —

FATHER
12. Name Frederick Amos
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Louise Waters
15. Birthplace Balto Md

16 (a) Informant Mrs Anna May Holston
(b) Address 3205 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave & Oliver

18 (a) Funeral director John Oursler Funeral Home
(b) Address 1900 Eutaw Place

19 (a) Date received APR 26 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1943, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1943 to 4/23 1943, and that I last saw h er alive on 4/23 1943.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Cardio-Vascular Disease

Due to —

Other Conditions Senility

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Delmar Laughlin M. D.
Address 400 N. Pagan St. Date signed 4/24/43

VS 380

C 03641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03641 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Willoughby Beach Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HARDING

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Riley Harding
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1877
8. AGE: Years 65 Months 5 Days 24 If less than one day - hr. min.
9. Birthplace New York City (Town, county, and state)
10. Usual Occupation None
11. Industry or business -

FATHER
12. Name Nicholas Harding
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Hartman
15. Birthplace Germany

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Balto National Cem. Location Old Frederick Road
18 (a) Funeral director C. Lee Otis
(b) Address 4644 York Road
19 (a) (Date received) (b) Registrar

APR 26 1943

VS 120

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH Apr. 22, 1943, at 3:16 M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 17, 1943, to Apr. 22, 1943, and that I last saw him alive on Apr. 22, 1943.

	Duration
Immediate cause of death: Large right subdural cerebral hemorrhage	8 days
Due to: Marked generalized arteriosclerosis	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature M. Meyers, M.D.
Address Baltimore, Md. Date signed 4/25/43

Va-13043 (MEYERS)

C 03642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

C 03642

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 S. East Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT FONTAINE THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-07-9786

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Minnie Kimmerle
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation 2nd Millwright
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Robert Washington Thomas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Walker
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Minnie Thomas
(b) Address 330 S. East Ave.

17 (a) Burial (b) Date thereof 4/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) (Date) (b) Huntington, Williamson, W. Va.

VS 250 APR 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1943, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1942 to 4/21 1943, and that I last saw h[illegible] alive on 4/21 1943.

Immediate cause of death: Coronary insufficiency — Duration: 4 days
Due to Arteriosclerotic heart disease — 8 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Edward Leach, M.D.
[illegible] E. 39th St. Date signed 4/19/43

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469

C 03643

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 E Lombard Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 60 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 E Lombard St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME ANTONINA SZAFRANSKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John Szafranski

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. _____ min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Valentine Wisniewski (Daughter)
(b) Address 2208 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Cem.)
Location Baltimore County

18 (a) Funeral director John J. Weber
(b) Address 404 S. Chester Street

19 (a) _____ (b) _____
(Date received by registrar)

APR 26 1943

Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to April 24 1943 and that I last saw h_ alive on April 24 1943

Immediate cause of death CARCINOMA OF PANCREAS — Duration 1 yr.

Due to _____

Due to _____

Other Conditions GENERALIZED ARTERIOSCLEROSIS

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M.
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph F. Delonga, M.D.
Address 309 S. Eden St. Date signed 4/26/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Register No. 03644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Register No. 03644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 E. FAYETTE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard G. Wells

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215 01 8336

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife RUTH V. WELLS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 26 1909

8. AGE: Years	Months	Days	If less than one day
33	7	29	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation KEY MAN

11. Industry or business CONN. CAN CO.

FATHER
12. Name GROVER WELLS
13. Birthplace MD.

MOTHER
14. Maiden Name MARY E. HAYS
15. Birthplace BALTO. MD.

16 (a) Informant RUTH V. WELLS (WIFE)
(b) Address 3518 E. FAYETTE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 27/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) APR 26 1943 (Date received by Registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 1 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy & an inquest find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 24 1943 at 1 10 P M
(c) Where did injury occur? Eastern Ave & Edison Hgwy. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Struck by bus

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 25 1943.

Every item of information should be carefully supplied. CAPPING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03645 Grey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

Registered 03645

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 141 S. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Grey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1874

8. AGE: Years	Months	Days	If less than one day
68 ~~68~~	11	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Holland
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Brady
15. Birthplace Balto. Md.

16 (a) Informant Florence Panzer
(b) Address 2023 E. Fairmount Ave.

17 (a) Burial (b) Date thereof April 27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Cem.
Location O'Donnell St.

18 (a) Funeral director John L. Mills
(b) Address 2334 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 5:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1943, to Apr. 24 1943, and that I last saw h[illegible] alive on Apr 24 1943.

Immediate cause of death
Pneumococcus septicemia
Due to Pneumococcal pneumonia
Due to Bronchitis
Other Conditions Diabetes, Hypertension Heart Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Empyema (pleural)

Duration
2 days
3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert H. Jacobs M. D.
Address Sinai Hospital Date signed 4/30/43

VS 3

C 03646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03646 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Moravia Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Moravia Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jine Yeager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Yeager 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18-1869

8. AGE: Years	Months	Days	If less than one day
73	6	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant John Yeager
(b) Address 3108 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director John A. Miller
(b) Address 236 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/1937, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/37 19 to 4/22/1937 and that I last saw h[illegible] alive on 4/22/37.

Immediate cause of death Coronary Embolism — Duration 1 hr.

Due to Myocarditis — 3 yrs.

Due to Hypertension — 4 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature F. J. Hartmann M.D.
Address 1716 E. 33rd St. Date signed 4/26/37

VS 1

03647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

G 03647 Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE BLACK INK, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2123 E. Pratt St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME ~~Forwood Mrs~~ Helen M. Forwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alfred W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-7-1904

8. AGE: Years 39 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name D. J. Phelan

13. Birthplace Md

MOTHER 14. Maiden Name Mary C.E. Suehle

15. Birthplace Md

16 (a) Informant Mrs D. J. Phelan

(b) Address 2944 Guilford Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Leonard Hayes

(b) Address 5305 Belmont Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1943, 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1943 to 4-24 1943, and that I last saw h[illegible] alive on 4-24 1943

Immediate cause of death

Due to Acute nephritis.

Due to

Other Conditions Arteriosclerosis Pyemoid & Edema Pneumia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Acute duodenal ulcer Pyemoid

of autopsy: Not done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William H. Fuesting M. D.

Address St Joseph's Hospital Baltimore Md. Date signed 4-28-43

VS 3

C 03648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 Huntington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Huntington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Delucca

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. ---------

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Jennie Delucca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1869

8. AGE: Years 73 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace ITALY (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Pete Delucca
13. Birthplace ITALY

MOTHER
14. Maiden Name Rose Derosa
15. Birthplace ITALY

16 (a) Informant Theresa Detorie
(b) Address 2217 Huntington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director C. S. Marshall
(b) Address 3539 Falls Road

19 (a) APR 26 1943 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 - 1943 at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943 to April 21 1943 and that I last saw h alive on April 21 1943

Immediate cause of death (Duration)
(a) Chronic Myocarditis 4 mos
Due to
Due to
Other Conditions Arteriosclerosis 4 mos
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 112 W. 39th St Date signed April 23, 1943

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be careful

C 03649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

C 03649

Registered No. _____

Every item of information should be carefully supplied. The ages are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 E Churchill St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 E. Churchill St.
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME GEORGE HOFFMAN

3 (b) If veteran, name war _____

3 (c) Social Security Account No. 216-12-2614

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 19, 1885

8. AGE: Years 57 | Months 9 | Days 3 | If less than one day: _____ hr. _____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Statesman

11. Industry or business

FATHER
12. Name William Hoffman
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Kaiser
15. Birthplace Maryland

16 (a) Informant Louis F. Hoffman
(b) Address 3704 Colborne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location East North Ave. Ext.

18 (a) Funeral director Wilgam M. Marsch
(b) Address 715 Linden St.

APR 26 1943
(Date rec'd by registrar)

(By) Arlington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1943, at 6 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration** _____

Due to _____

Due to _____

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.

Date signed 4-23-43

VS 4

C 03650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 62

C 03650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 902 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Marie Wehmert.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-2614

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 19-1921

8. AGE: Years 21 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Waitress at Arundel Ice Cream Co
11. Industry or business

FATHER
12. Name Charles R Wehmert
13. Birthplace Md

MOTHER
14. Maiden Name Ada S Hawk
15. Birthplace Md

16 (a) Informant Mrs Ada S Wehmert
(b) Address 908 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

APR 26 1943 Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to April 1943.
and that I last saw her alive April 24 1943.

Immediate cause of death: Pulmonary Hemorrhage (Cause Unknown) — Duration: 1 hr.
Due to
Due to
Other Conditions: Hypopituitarism (Frohlich's Syndrome)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Kroll
Address 100 E. 23rd St. Date signed 4/28/43 M. D.

43184 C 03651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

C 03651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Tolson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 7-3-76

8. AGE: Years 66 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name James Tolson

13. Birthplace Md.

MOTHER 14. Maiden Name Suzanna

15. Birthplace Md.

16 (a) Informant Records

(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-1943 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk. Location Baltimore Co. Md.

18 (a) Funeral director Wm. H. Hartland

(b) Address 1603 Druid Hill Ave, Baltimore, Md.

19 (a) APR 26 1943 (Date rec'd by registrar) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 22 1943 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1943, to Apr 22 1943, and that I last saw him alive on Apr 22 1943.

Immediate cause of death Intussusception Intestinal Obstruction — Duration

Due to Ca. of sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-20-43

Major findings of operation: Ca of sigmoid

of autopsy: Intestinal Obstruction

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford

Address Johns Hopkins Hosp. Date signed 4/23/43

VS 180

C 03652 Dr Hatcher 1225 Penna ave 03652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Penna ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME William H Butler.
(b) If veteran, name war
(c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-20-1883

8. AGE: Years 59 | Months 4 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Va (town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

12. Name [illegible]
13. Birthplace

14. Maiden Name Mary ?
15. Birthplace Va

16. (a) Informant Agness Butler
(b) Address 1436 Penna ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18. (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19. (a) Date received APR 26 1943 (b) Registrar Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1943. at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 4/24 1943; and that I last saw h[illegible] alive on 4/23 1943.

Immediate cause of death Cerebral Apoplexy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 3 Dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Hatcher M.D.
Address 1775 Pa Ave Date signed 4/24/43

VS 3

4334H 03653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

C 03653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 E Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIANO TRIONFO

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-[illegible]

8. AGE: Years 70 | Months 4 | Days 13 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name SABATINO TRIONFO

13. Birthplace Italy

MOTHER 14. Maiden Name [illegible]

15. Birthplace Italy

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

19 (a) [illegible] (b) Huntington Williams M.D.

(Date received by Registrar) APR 28 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to April 26 1943, and that I last saw him alive on April 26 1943.

Immediate cause of death: Cerebral accident? — Duration: 10 hrs

Due to following gastrectomy

Due to for Gastric carcinoma — 2-6 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 24

Major findings of operation: carcinoma of stomach.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. C. Sanford M.D.

Address Johns Hopkins Hosp. Date signed 4/28/43

C 03654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 03654

Registered No. C 03654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 Albemarle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 224 Albemarle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Di Pietro

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of ~~husband~~ wife Giulietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1st 1882

8. AGE: Years	Months	Days	If less than one day
61	2	23	hr. min.

9. Birthplace Loreto Aprutino Italy
(Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER
12. Name Michele Di Pietro
13. Birthplace Italy

MOTHER
14. Maiden Name Angela Farias
15. Birthplace Italy

16 (a) Informant Giulietta Di Pietro (wife)
(b) Address 224 Albemarle St.

17 (a) Burial (b) Date thereof April 27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) APR 26 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 11:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 25 1943

VS 6

C 03655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1839

C 03655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Southway, Guilford
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Southway, Guilford
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3 (a) FULL NAME Hannah Theresa Burke

3 (b) If veteran, name war -------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~####~~ James A. Burke
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 19, 1861

8. AGE: Years	Months	Days	If less than one day
82	1	6	---- hr. ---- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business ----------

FATHER
12. Name Robert Burke
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Ryan
15. Birthplace Ireland

16 (a) Informant Miss Regina A Kennedy
(b) Address 213 Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director H. M. Means & Son
(b) Address 805 N. Calvert St.

Registrar Huntington Williams, M.D.

APR 28 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25, 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to Apr 25 1943, and that I last saw h alive on Apr 24, 1943

Immediate cause of death	Duration
Hypostatic pneumonia	4 days
Due to Hemiplegia, Rt Side	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Haywood M.D.
Address 115 E Eager St Date signed 4/26/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

Original 03656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170B

C 03656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Genl Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Brentwood Place. (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Lean E. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-7330

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Frances Lanahan
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1890

8. AGE: Years	Months	Days	If less than one day
52	4	28	-- hr. --- min.

9. Birthplace Huntington, Arkansas (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Bethleham Fairfield Co

FATHER
12. Name William W. Stewart
13. Birthplace Missouri

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Missouri

16 (a) Informant Clarence E. Stewart
(b) Address 2824 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street Huntington Maryland, M.D.

19 (a) (Local Registrar) (b) Registrar

Rec'd Apr 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 24 1943 at 7 15 P M
(c) Where did injury occur? Howard & Brevard Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Auto collision with trackless

23. Signature Robert L. Gaston Jr. Medical Examiner. M.D.
Date signed April 25 1943

Copy of 03657 C 03657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 106 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State District of Columbia (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2447 26th St S.E.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alphonzo Lacey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49 48			hr. min.

9. Birthplace D.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Anderson
13. Birthplace

MOTHER
14. Maiden Name Adams
15. Birthplace

16 (a) Informant Annie Hunter
(b) Address 2429 Eden Rd S.E. Washington D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Washington D.C.

18 (a) Funeral director Willard Jackson
(b) Address 916 Penna. Ave

19 (a) APR 26 1943 (Date rec'd by registrar) (b) Huntington Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Cause	Duration
Immediate cause of death Acute alcoholism	
Due to	
Due to	
Other Conditions Obesity Chronic bronchitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed April 25 1943

V8 9

03658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V157M

Registered No. 03658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6045 Gwynn Oak Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Rayner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1943

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hr. 1 min.

9. Birthplace Md. General Hospital (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name James Frederick Rayner
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Dorothy Frances Pratt
15. Birthplace Pittsfield, Mass.

16 (a) Informant [illegible]
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Md. General Hosp.
Location

18 (a) Funeral director
(b) Address

19 (a) APR 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943, at 1:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943, to April 23 1943, and that I last saw him alive on April 23, 1943.

Immediate cause of death	Duration
Monstrosity	1 minute
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Monstrosity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Reichelderfer, M. D.
Address Md. Gen. Hosp. Date signed 4/23/43

VS 2

03659

AB-15897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 03659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Langrell or John Langwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April-?-1855

8. AGE: Years	Months	Days	If less than one day
88	-	-?	hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Peter Langrell or Peter Langwell

FATHER 13. Birthplace Canada

MOTHER 14. Maiden Name Mary McCoy

MOTHER 15. Birthplace Canada

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943 Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) APR 26 1943 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1943 at 5 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943 to 4-10 1943, and that I last saw him alive on 4-10 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic H. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.

Address Balt. City Hosp Date signed 4-13-43

VS 250

F 0020

3660

AB- 89670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03660

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. ? Aliceana St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Czolbe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1886 or 76

8. AGE: Years	Months	Days	If less than one day
66	9	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unable to work

11. Industry or business

FATHER
12. Name Andy Czolba
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Nichoka (D)
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 26 1943 (Date filed by registrar) Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1943 at 6-00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1943 to 4-10 1943 and that I last saw h[illegible] alive on 4-10 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic Heart Disease	?
Due to Pulmonary emphysema	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 4-22-43

VS 180

0024

3661

AB-80755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G 03661
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Shakespeare St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Amsek (Adamczyk)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1873

8. AGE: Years 70 | Months 7 | Days 13 | If less than one day: hr. min. 12

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name August Amsek(Adamczyk)
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 26 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1943, at 7 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1943 to 4-7 1943
and that I last saw h[illegible] alive on 4-7 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic Dt. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-11-43

VS 180

10023

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3662

AB -15625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 R

C 03662 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 82 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married-Separated

6 (b) Name of husband or wife Susa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15-1856

8. AGE: Years	Months	Days	If less than one day
87	2	24 22	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanor Barrick
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (c) APR 26 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1943, at 11 23 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1943 to 4-7 1943, and that I last saw h. alive on 4-7 1943.

Immediate cause of death — Duration
Coronary Thrombosis — 1 day
Due to Gen. Arteriosclerosis — 7
Due to
Other Conditions Carcinoma of prostate — 7
(Include pregnancy within 3 months of death)
Date of operation 3-24-43
Major findings of operation: Orchidectomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Stabler
Address Balto City Hosp Date signed 4-8-43

VS 180

00224

3663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03663
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 94 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Cheapside St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Newton 78666

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-6774

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	sep.

6 (b) Name of husband or wife Estelle Felton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1897

8. AGE: Years	Months	Days	If less than one day
45	9	28	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation meat cutter
11. Industry or business

FATHER
12. Name William F. Newton
13. Birthplace N.C.

MOTHER
14. Maiden Name Connie Barron
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 26 1943 Livingston Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 19 43 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 19 42 to Mar. 23 19 43 and that I last saw him alive on Mar. 23 19 43

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 mos?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.A. Hart M.D.
Address Balto City Hosp Date signed 4/1/43

VS 150

0021

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3664

AB- 15847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03664

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.- 2Mos.-24Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. [redacted]

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married-Separated

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878 ?

8. AGE: Years	Months	Days	If less than one day
65 ?	?	?	hr. min.

9. Birthplace Charlottesville, Va. (Town, county, and state)

10. Usual Occupation -Laborer

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 26 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1943, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1939 to 4-9 1943, and that I last saw him alive on 4-9 1943.

Immediate cause of death: Bronchopneumonia — Duration 5 days

Due to: Cerebral arteriosclerosis — Duration ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Slaughter M. D.
Address Balto. City Hosp Date signed 4-13-43

VS 180

0026

03665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. C 03665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Faber 79969

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1880

8. AGE: Years	Months	Days	If less than one day
63	0	13	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation picks up cardboard
11. Industry or business

FATHER
12. Name Jerry
13. Birthplace S.C.

MOTHER
14. Maiden Name Grace Jones
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 26 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 19 43 at 4:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 19 43 to Mar. 24 19 43 and that I last saw h in alive on Mar. 24 19 43

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 mos?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H S Hartz M.D.
Address Balto City Hosp Date signed 4/1/43

VS 150

0025

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 03666

CERTIFICATE OF DEATH 108 C 03666

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Norfolk ave Ward)

Length of residence in city or town where death occurred 1yr 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Ann Blair

(a) Residence: No. 3902 Norfolk ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 5, 1942

7. AGE: Years | Months: 6 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles F. Blair
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Ruby Houser
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Nellie Ward
(Address): 2058 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Bristol Va Date: April 27, 1943

19. UNDERTAKER: Williams Cook Inc
(Address): 217 E Saratoga St

20. FILED: Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1943 to April 25, 1943

I last saw him alive on April 24, 1943 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/23/43

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. M. Fowler M. D.

(Address) 3506 Liberty Hgts

C 03667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

C 03667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 N Lakewood Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Thomas V. Ruggles

3 (b) If veteran, name war No
3 (c) Social Security Account No. 214-03-0033

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Alice Ruggles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 - 1876

8. AGE: Years	Months	Days	If less than one day
66	7	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Slaughterer
11. Industry or business Grey Hams Can Co

FATHER
12. Name William Ruggles
13. Birthplace New York

MOTHER
14. Maiden Name Rosalie Coppersmith
15. Birthplace Md.

16 (a) Informant Mrs Alice Ruggles
(b) Address 722 N Lakewood Ave

17 (a) Burial (b) Date thereof 4/27/43 (Burial, cremation or removal) (month) (day) (year)
(c) Cemetery Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1943 at 8 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to April 23 1943. and that I last saw h[illegible] alive on April 23 1943

Immediate cause of death	Duration
Broncho Pneumonia	2 d.
Due to Mitral Regurgitation Hemp	9 d
Due to Chr Interstitial Nephritis	9 d.
Other Conditions Chr. Hypertrophic Arthritis	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thos E. Stevens M. D.
Address 2978 Hartford Ave Date signed 4/24/43

VS 180

C 03668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

C 03668

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette st.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Hanhill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Albrecht.

3 (b) If veteran, name war: M

3 (c) Social Security Account No. 212-05-3200

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Emma Albrecht

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24-1901

8. AGE: Years 41 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housemoir

11. Industry or business Dom. Electric Co

12. Name Carl Albrecht

13. Birthplace Germany

14. Maiden Name Milly Turner

15. Birthplace Germany

16 (a) Informant Emma M Albrecht

16 (b) Address 1309 Hanhill Ave

17 (a) Burial (Burial, cremation, or removal)

17 (b) Date thereof 4-29-43 (month) (day) (year)

17 (c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson & Sons

18 (b) Address 1217 Park Ave

(a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-43 19 , at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1943, to 4-25 1943, and that I last saw him alive on 4-25 1943.

Immediate cause of death: Coronary Thrombosis - Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Goodman M. D.

Address Franklin Sq Hospital Date signed

VS 3

03669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. 03669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 88 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Hebrew Home (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Solomon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Molly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years 88 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Sigmund Isenbart
(b) Address Belvedere & Tremont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/43 (Month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cemetery
Location E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North Ave Huntington Ave Pikesville, Md.

19 (a) (Signature of registrar) Registrar

APR 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 2:18 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14/38 19 , to 4-25 1943 and that I last saw him alive on 4-25 1943.

Immediate cause of death: Uremia; Chronic Myocarditis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(d) Means of injury

23. Signature Sigmund Levin, M. D.

Address Levindale Date signed 4/26/43

C 03670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1178

C 03670 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dukeland & Payson Sts.

(c) Hospital or institution: West Balto. Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Av (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Mary Trigg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband Samuel H. Trigg

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) Feb 10 1869

8. AGE: Years 74 | Months 2 | Days 15 | If less than one day: hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER 12. Name William Wilderman

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary Moore

15. Birthplace Mass

16 (a) Informant Records Home for Aged of the M.E. Church

(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, ~~or removal, or removal~~) (b) Date thereof 4/28/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet

Location Balto. Md.

18 (a) Funeral director William Cox Inc

(b) Address 1217 St. Paul st

APR 27 1943 (Date rec'd by Registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1943, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1943, to Apr 25 1943, and that I last saw her alive on Apr 25 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Myocardial Insufficiency

Due to Arteriosclerosis of Coronaries

Other Conditions Generalized Peritonitis Ruptured Duod Ulcer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Rupt Duod Ulcer & Perit

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature K. Kenneth Krulevitz

Address West Balto. Gen'l Date signed 4/25/43

VS 3

03671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 03671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward V. Haas

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Louisa Haas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21st 1867

8. AGE: Years	Months	Days	If less than one day
75	5	4	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Street Cleaning Dept
11. Industry or business City of Balto.

FATHER
12. Name (Unknown) Haas
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia (Unknown)
15. Birthplace Md.

16 (a) Informant Edwin Haas
(b) Address 615 Ashburton St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

APR 27 1943
(Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25th 1943 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20- 1943, to Apr 25 1943 and that I last saw h[illegible] alive on Apr 25 - 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis - advanced	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Haas M. D.
Address 1700 Eutaw Pl. Date signed 4-26-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 280

03672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

Registered No. 03672

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5132 Claycroft Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5132 Claycroft ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Edward F. Sites

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 216-03-1760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Sites

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23 1884

8. AGE: Years	Months	Days	If less than one day
58	8	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Wine Steward
11. Industry or business Lord Baltimore Hotel

FATHER
12. Name Edward Sites
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jones (unknown)
15. Birthplace Baltimore Md.

16 (a) Informant Mary Sites
(b) Address 5132 Claycroft Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 - 1943 (month) (day) (year)
(c) Cemetery ~~Co-cemetery~~ Cedar Hill
Location B. A. Co., Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

APR 27 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 2:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943, to April 25 1943, and that I last saw him alive on April 24 1943

Immediate cause of death	Duration
Lobar Pneumonia	1 day
Due to Influenza	4 days
Due to Acute Myocardial Insufficiency	2 hr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F. O Stevens, M.D.
Address 2878 Hartford Rd Date signed 4-25-43

03673

MJ- 80442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 F

Registered No. C 03673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Biddle, East
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dwight Smith

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: NAE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1888

8. AGE: Years 54 | Months 5 | Days 12 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Salesman & Guard

11. Industry or business

FATHER
12. Name Charles E. Smith (B)
13. Birthplace Maryland

MOTHER
14. Maiden Name Nancy C Cost
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Mondawd Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 APR 27 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4·25 1943, at 6 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1943 to 4·25 1943, and that I last saw h. alive on 4·25 1943.

Immediate cause of death — Duration

Carcinoma of Stomach — 2 mos

Due to with metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Webb

Address Balto City Hosp Date signed Apr 27 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

03674

#32485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

100a

Registered No. C 03674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or ~~JOHNS HOPKINS HOSPITAL~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 E. 35th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Wood

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Enoch C.
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 9-3-05

8. AGE: Years	Months	Days	If less than one day
37	7	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward F. Nelson
13. Birthplace Md.

MOTHER
14. Maiden Name Alverta Hagner
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Roff & B. M. Walter
(b) Address Pratt & Hucker Sts.

19 (a) APR 27 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 8 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to April 26 1943 and that I last saw her alive on April 26 1943

Immediate cause of death Pulmonary embolism

Duration

Due to

Due to (Interval)

Other Conditions Varicose veins

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marshall C. Sanford M.D.
Address Johns Hopkins Hosp Date signed 4/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 160

03675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 03675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3638 Maldeu Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 Maldeu Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David J. Gulden.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 700-2

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced widower.

6 (b) Name of husband or wife Mary A. Gulden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1866.

8. AGE: Years 76 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name John Gulden
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Melhorn
15. Birthplace Pa.

16 (a) Informant Mrs. Gertie Bolan
(b) Address 3638 Maldeu Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/43 (month) (day) (year)

(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) APR 27 1943 (Date received by local registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24, 1943 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1943 to Apr. 24 1943 and that I last saw h alive on Apr. 23 1943.

Immediate cause of death Myocardial failure — Duration

Due to Cong. heart failure

Due to Chr. myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Harmon

Address 1037 Fallsway Date signed 4/26/43

VS 150

03676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

03676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital DOA.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Lansing Ave.
(If rural give location)
(e) Citizen of foreign country? Saxony (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Frederick Bunce.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1901

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	8	16		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER
12. Name Oliver Bunce
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Anna Brooks
15. Birthplace England

16 (a) Informant Charles Bunce
(b) Address Unknown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell Street

18 (a) Funeral director Clarence P. Hoffman
(b) Address 1639 N Broadway

19 (a) APR 27 1943 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1943, at 6.00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McSally M.D.
Medical Examiner.
Date signed 4/24/43

VS 6

03677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

Registered No. C 03677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 S. Conkling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 S. Conkling St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Laukeman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-6572

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret Doeller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Dec. 31, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	24	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Balto. Copper & Smelting

FATHER
12. Name George Laukeman
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Dittman
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Laukeman
(b) Address 1106 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 APR 27 1943 (Date rec'd by registrar) (b) Huntington Hillmeyer M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943, to April 24 1943, and that I last saw him alive on April 23 1943.

Immediate cause of death Chr. Myocarditis — Duration 6 months?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Davidow M. D.
Address 3218 Eastern ave Date signed 4-26-43

Correct age is especially important. Physicians: please answer questions as completely and legibly.

03678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 03678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 E Clement St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 E. Clement St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George P. Heil

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Maria Heil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1868

8. AGE: Years	Months	Days	If less than one day
75	2	10	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Mathias Heil
13. Birthplace Ger.

MOTHER
14. Maiden Name Marguerite Wetherer
15. Birthplace Ger.

16 (a) Informant Heil
(b) Address 519 E Clement St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Lodge Hill
Location Reisterstown Highway

18 (a) Funeral director H. L. Hartman
(b) Address 1306 E. Fort Ave

APR 27 1943 (Date received) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 19 , at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Coronary occlusion — Duration 1 day
Due to arteriosclerosis — 2 yrs
Due to Hypertension — 2 yrs
Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. Muller M.D. M. D.
Address 1228 Hilside Ave Date signed 4/24/43

correct age is especially important. Typewriter, pencil or pen must be used; ink preferred.

VS 189

C 03579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467 Registered No. C 03679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Ellwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Ellwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary B. Steenbergh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wade H. Steenbergh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11-1862

8. AGE: Years	Months	Days	If less than one day
80	6	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John M. Baker
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary J. Deal
15. Birthplace Baltimore, Maryland

16 (a) Informant George D. Baker
(b) Address 615 N. Ellwood Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 27 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road

18 (a) Funeral director Frederick D. Miller, Sons
(b) Address 2016 E. Monument Street

19 (a) APR 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1943 to Apr 24 1943. and that I last saw her alive on April 23 1943.

Immediate cause of death
Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions
Generalized Metastasis
(Ignore pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. D. Storch M. D.
Address 847 N. Eutaw Ave Date signed

Correct as copied by me from original record on file in this office

C 03680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No. C 03680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 N. Broadway
(c) Hospital or institution: 8-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARA DOROTHY MARTIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Divorced

6 (b) Name of husband or wife Pannill W. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1884

8. AGE: Years	Months	Days	If less than one day
59	1	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name William Bell
13. Birthplace N. Y. C.

MOTHER 14. Maiden Name Henrietta Reese
15. Birthplace Bellfonte, Pa.

16 (a) Informant Mrs. Herbert Fowler
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 27 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 25, 1943, at 6:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/8 1942 to Apr. 25 1943, and that I last saw h.. alive on Apr. 24, 1943.

Immediate cause of death: Arterial sclerosis — Myocardial degen — Due to Arterio sclerosis — Due to

Duration
10 yrs
1 yr

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 2818 Pl Ave Date signed 4/26/43

correct age is especially important. Physicians, please

VS 280

C 03681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110a

Registered No. C 03681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Stevensville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James Denney Downes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Sarah Downes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1874

8. AGE: Years	Months	Days	If less than one day
68	10	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Seaman Tugboat (retired)
11. Industry or business Balto. Steam Packet Co.

FATHER
12. Name John R. Downes
13. Birthplace Maryland

MOTHER
14. Maiden Name Eriadna Dessery
15. Birthplace Maryland

16 (a) Informant James D. C. Downes
(b) Address Liberty Rd, Randallstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Md.

19 APR 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1943 to April 25 1943, and that I last saw him alive on April 25 1943.

Immediate cause of death	Duration
Febrile Purulent Pericarditis	3 day
Due to Emphysema Bilateral Pleuritis - Bilateral	10 days
Due to	
Other Conditions Atherosclerosis Arteriosclerosis Bilateral (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Culler M. D.
Address Church Home + Hospital, Broadway + Fairmount Date signed 4-25-43

DR. CULLER

VS 8

03682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

C 03682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Breitwert Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Breitwert Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE A. MOELLER

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Henrietta L. Moeller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/30/1860

8. AGE: Years 82 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation retired Police Officer

11. Industry or business

FATHER
12. Name George H. Moeller
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Carl
15. Birthplace Germany

16 (a) Informant Miss Etta Moeller
(b) Address 2014 Breitwert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director W.J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 27 1943 (Date filed in Registrar's office) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936 to April 25 1943 and that I last saw h[illegible] alive on Apr 24 1943

Immediate cause of death: Cardiorenal Disease — Duration: 1936

Due to Arteriosclerosis — 7 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward F. Milan M.D.
M. D.
Address 65 Washington Blvd Date signed 4-26-43

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 250

C 03683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 03683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 E Lombard 1st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Berg

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm Berg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31 1848

8. AGE: Years	Months	Days	If less than one day
94 95	7	25	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name J. Bentz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Bentz
15. Birthplace Germany

16 (a) Informant Mrs Katherine Brant
(b) Address 3116 Glendale Ave

17 (a) London Park (b) Date thereof April 29-43
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Burial London Park Cem
Location Balto. Md

18 (a) Funeral director Melton & Schilling
(b) Address 3914 S. Hanover St

19 (a) APR 27 1943 Huntington Williams M.D.
Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 — 1943, to 4-26 1943, and that I last saw her alive on 4-25 1943.

Immediate cause of death — Duration

Cerebral Haemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allan C. Baughman M. D.
Address 313 E. Baltimore St. Date signed 4-26-43

correct age is especially impo

YS 3

03684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

C 03684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town ~~Baltimore~~ Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sykesville Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-43

8. AGE: Years | Months | Days 4 | If less than one day: hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stanley Smith
13. Birthplace Md

MOTHER
14. Maiden Name Dorothy Smith
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 27 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1943, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943, to April 18 1943, and that I last saw h(im) alive on April 18 1943.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. L. Baynes M. D.
Address Provident Hospital Date signed 4-23-43

PLEASE WRITE PLAINLY, with pen or pencil. Do not use ink. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

0027

03685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

Registered No. C 03685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 S. Belnordan
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 S. Belnordan.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary T. Connolly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John J. Connolly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1867

8. AGE: Years 75 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland
(town, county, and state)

10. Usual Occupation Home
11. Industry or business

FATHER
12. Name — Broner
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Reardon
15. Birthplace Ireland

16 (a) Informant Edward Connell
(b) Address 633 S Belnordan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Road

18 (a) Funeral director John A. Hogan
(b) Address 800 E. Balto. St

APR 27 1943 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1943 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940 to April 24 1943 and that I last saw h[er] alive on April 23, 1943.

Immediate cause of death: Chronic Myocarditis — Duration 2 yrs
Due to Arteriosclystic Cardio-vascular Renal Disease — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Hogan
Address 1331 E. North Ave Date signed 4-29-43 M.D.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information is especially important.

VS 180

03686 HEALTH DEPARTMENT—CITY OF BALTIMORE 03686

CERTIFICATE OF DEATH

166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~John~~ Lula Kearns

(a) Residence: No. 406 Pearl st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

17-1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otis Kearns

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Miriam Gilliam

14. BIRTHPLACE (city or town) (State or country) Chester Co. So. Carolina

MOTHER

15. MAIDEN NAME Mamie Johnson

16. BIRTHPLACE (city or town) (State or country) Chester Co. So. Carolina

17. INFORMANT Robert Gilliam

(Address) 406 Pearl St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro N.C. Date April 28 1943

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. APR 27 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24- 5:45 AM, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/24, 1943

Where did injury occur? 406 Pearl St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol bullet

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard D. Maddrix M. D.

(Address) 700 Fleet St

V 8 6

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD. Every item of

03687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. C 03687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Elliott St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Yes

3 (a) FULL NAME FELIX – STACHOROWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1661

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M	W.	Married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66 65			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tin cutter
11. Industry or business Independent Can Co.

FATHER
12. Name Joseph Stachorowski
13. Birthplace Poland

MOTHER
14. Maiden Name Michalina Pelachowski
15. Birthplace Poland

16 (a) Informant Josephine Stachorowski
(b) Address 2812 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave
Huntington Williams, Mgr.

APR 27 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1943 to April 25 1943 and that I last saw h[illegible] alive on April 25 1943.

Immediate cause of death	Duration
Myocardial insufficiency	1 day
Due to	
Due to Carcinoma bladder	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Cystotomy
Major findings of operation Cancer
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Zagrobski
Address 1862 Eastern Ave (Date signed 4-27-43)

03688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 03688 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs. 15 mins.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME STONESTREET, Guy

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp. Am.	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widower

6 (b) Name of husband or wife DECEASED
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1875

8. AGE: Years	Months	Days	If less than one day
67	3	18	hr. min.

9. Birthplace LaPlata, Maryland (Town, county, and state)
10. Usual Occupation Storekeeper (retired)
11. Industry or business

FATHER
12. Name J. H. Street
13. Birthplace Porto Boca, Md.

MOTHER
14. Maiden Name Emilie Ferguson
15. Birthplace Retreat, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director E. Leroy Stoffler, Inc.
(b) Address 5005 Park Heights Ave

19 (a) APR 27 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 25, 1943, at 2:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943, to Apr. 25 1943, and that I last saw him alive on Apr. 25, 1943.

Immediate cause of death Coronary thrombosis

Duration Unk., but probably shortly before death.

DEATH

Due to Arteriosclerosis ..... Several years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation -- None
Major findings of operations: --

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -

23. Signature W. S. Blair

Address Baltimore, Md. Date signed 4/28/43

VS 250

Va 13077

C 03689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

C 03689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3354 W. Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3354 W. Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel M. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Geo. W. Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/10/1889

8. AGE: Years	Months	Days	If less than one day
53	7	15	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Reuben N. Ontz

13. Birthplace Unknown

MOTHER 14. Maiden Name Olivia Baumgardner

15. Birthplace Unknown

16 (a) Informant Geo. W. Price

(b) Address 3354 W. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 27 43 (month) (day) (year)

(c) Cemetery or crematory York Road Cem.

Location Hanover Pa.

18 (a) Funeral director Loring Byers

(b) Address 6005 York Road Towson, Md.

19 (a) (Date received) APR 27 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 1:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 9 1940 to April 25 1943, and that I last saw her alive on April 25 1943.

Immediate cause of death: Chronic Hypertensive Myocarditis — Duration: 3 years

Due to: Carcinoma Gall Bladder and Stomach — 1 year

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Sherman R. Wantz M.D.

Address 2601 Manhattan Ave Date signed 4/25/43

VS 3

C 03690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

C 03690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 E. Eager St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Hopp.

3 (b) If veteran, name war: no

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Philip Hopp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1849

8. AGE: Years	Months	Days	If less than one day
93	11	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Ledermann
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Miss Ledermann
(b) Address 1411 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location 4930 Belair Road

18 (a) Funeral director Elmer W. Conklin Son
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) (b) (Registrar)

APR 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1943, at 3a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942 to April 26 1943 and that I last saw h[illegible] alive on April 26 1943

Immediate cause of death	Duration
Pulmonary Oedema	
Due to Myocardial insufficiency	
Due to Arteriosclerosis	2 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury ~~occur about home, on~~ farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address 101 N. Linwood Ave (Physician signature)

Duplicate for Baltimore, Md.

Please print plainly. Any item of information should be carefully supplied. The accuracy is important. Physicians: please write the causes of death clearly and legibly.

C 03691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 750

C 03691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1-17
(e) Length of stay in Baltimore (yrs., mos., or days) 1-1-17

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Chestnut Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. Mt. St. Joseph Convent (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Colombiere Dalton

3 (b) If veteran, name war:

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1877

8. AGE: Years	Months	Days	If less than one day
65	9	5	hr. min.

9. Birthplace Waterford, New York (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Edward Dalton
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Margaret A. Kane
15. Birthplace U.S.A.

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. St. Joseph's
Location Chestnut Hill Phila.

18 (a) Funeral director Sherwood Mourn Co.
(b) Address 108 W. Monument St.

19 (a) Filed APR 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH April 27 1943, at 5:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 1942, to April 27 1943, and that I last saw h[illegible] alive on April 27 1943.

Immediate cause of death	Duration
Carcinoma of right breast	4 mos.
Carcinomatosis	
Due to	
Due to	
Other Conditions Constitutional Melancholia	1 yr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayman P. Glenn M. D.
Address 3326 Eastern Ave. Baltimore signed

VS 8

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK. Every item of information should be carefully supplied. The

C 03692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03692 Registered No. 127a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 410 Hollen Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Whitney Wheaton (M.D.)

(b) If veteran, name war: World War I
(c) Social Security Account No. none

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie Hom Wheaton
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 28 1891

8. AGE: Years 51 | Months 10 | Days 27 | If less than one day: hr. 16 min.

9. Birthplace New York (town, county, and state)
10. Usual Occupation Physician
11. Industry or business Medicine

FATHER
12. Name Albert Wheaton
13. Birthplace probably N.Y.

MOTHER
14. Maiden Name Emma Wagner
15. Birthplace New York

16 (a) Informant Mrs. Fannie H. Wheaton (wife)
(b) Address 410 Hollen Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart Mortuary Co.
(b) Address [illegible]

19 (a) APR 27 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943 at 9 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1943 to 4-24 1943 and that I last saw h[illegible] alive on 4-24 1943.

Immediate cause of death: Respiratory Failure
Paralysis
Due to, Spinal Anesthetic
Due to (2 c.c. 10% Pontocaine)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration: 35 mins. 45 mins.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Bon Secours Hosp. Date signed 4-24-43

Honor[illegible] Mullins, M.D.

VS 5

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 C 03693 Registered No.

Keep flat

Type or print with pen and ink. Every item of information should be carefully supplied. The accuracy of this certificate is important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Nova Scotia
(a) State Canada County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Great Britain

3 (a) FULL NAME Edward L. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1924

8. AGE: Years	Months	Days	If less than one day
18	9	19	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Merchant Marine
11. Industry or business Service

FATHER
12. Name Patrick O Burke
13. Birthplace Not Available

MOTHER
14. Maiden Name Lillian —
15. Birthplace Not Available

16 (a) Informant Evans Funeral Home
(b) Address Halifax Nova Scotia

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-27-43 (month) (day) (year)
(c) Cemetery or crematory Halifax Nova Scotia

18 (a) Funeral director Jorge A Farley
(b) Address Fairview Halifax

19 (a) APR 27 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 2.15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest and that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 4-1
(b) Date of occurrence April 25 1943 at 1.30 A.M
(c) Where did injury occur? Pier #6 Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? SS. Lewis Norris While at work? Yes (Specify type of place)
(g) Means of injury Fell off boat into water
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 28 1943

VS 6

03694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

03694 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia A. Sonnenburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1883

8. AGE: Years 59 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Theodore Sonnenburg
13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Wachter
15. Birthplace Germany

16 (a) Informant Chas. E. Sonnenburg
(b) Address 2330 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 27/43. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 E Edmondson Ave.

19 (a) Filed APR 27 1943 (b) Registrar Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24/43. 19 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942 to April 24 1943 and that I last saw h.r alive on April 24 1943

Immediate cause of death: Bronchopneumonia — Duration 2 days

Due to: Rheumatic Heart Disease & Mitral Stenosis — 51 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Blumberg M. D.

Address 2102 Edmondson Ave Date signed 4/27/43

C 03695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03695 Registered No. 13 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Poplar Hill Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Poplar Hill Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Dobbin Penniman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Harriet W. D. Penniman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1862

8. AGE: Years	Months	Days	If less than one day
80	9	29	hr. min.

9. Birthplace Howard County, Maryland (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business Law

FATHER
12. Name Nicholas G. Penniman
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Dobbin
15. Birthplace Maryland

16 (a) Informant Nicholas G. Penniman Jr.
(b) Address Poplar Hill Road Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry H. Jenkins & Sons
(b) Address 29 E. Fallsway or Orchard 6

19 (a) APR 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to March 26 1943, and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Coronary occlusion	a few minutes
Due to Cardio-vascular renal disease	2½ years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 4/27/43

Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. This case is especially important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03696

V 131a

1. PLACE OF DEATH

C. 03696

County Baltimore

Registration Dist. No.

Village or City Baltimore

No. 513 Mt. Holly St. Ward

(If death occurred in a hospital or institution, give the NAME instead of street and number)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Blanck. V

(a) Residence: No. 513 Mt Holly St. Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 22, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Blanck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Christine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. H. Crum

(Address) 702 Kingsdon Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/27/43

19. UNDERTAKER Harry H. Mitzel

(Address) 407 Edmondson Ave

20. FILED APR 27 1943 19 [illegible] Registrar

If burial, cremation, or removal not in this county, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 24 (Day) 1943 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 4 1943 to April 23rd 1943

I last saw her alive on April 23rd 1943; death is said to have occurred on the date stated above, at 9.15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis,	1/4/43
Other Contributory Causes of importance:	
Acute Endocarditis	3/22/43

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Burdette M. D.

(Address) 1865 Mayfield Ave Halethorpe

C 03697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

C 03697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 May St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Keyes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Solomon Keyes
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Brown
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date received by Registrar) (b) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 24 1943 at 6 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1943 to 4-24 1943 and that I last saw him alive on 4-24 1943

Immediate cause of death Respiratory failure. — Duration
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Of several lobes
of autopsy: pneumonia consolidation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Blount M. D.
Address J. H. H. Date signed 4/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

Registered No. C 03698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Weaver

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Margarett.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1882

8. AGE: Years 67 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Lancaster Co., Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Daniel Weaver
13. Birthplace Va

MOTHER
14. Maiden Name Olivia ?
15. Birthplace ?

16 (a) Informant Margarett Weaver
(b) Address 24 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Gibson
(b) Address 1000 Brantley Ave

19 (a) (Date received in office) (b) Registrar Willis [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-43 19 . at 7:43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-43 19 , to 4-27-43 19 , and that I last saw h alive on 4-27-43 19 .

Immediate cause of death Miliary Tbc. — Duration 2 mos
Due to
Due to

Other Conditions Terminal atelectasis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Glover M. D.
Address 312 E 23rd St Date signed 4-26-43

Please answer all questions. Every item of information should be carefully considered as especially important. Physicians: please write the causes of death clearly and legibly.

C 03699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 159

C 03699
Registered No.

Please write with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto, Md Lauraverne 9
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 16 Belinda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bacon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Gilbert W. Bacon
13. Birthplace McKenney Va.
MOTHER 14. Maiden Name Dorothea Franco
15. Birthplace Balto. Md

16 (a) Informant Gilbert W. Bacon
(b) Address 16 Belinda Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Randall Hopper
(b) Address 312 N. Howard St.
19 (a) (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 5:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1943, to Apr. 26 1943, and that I last saw him alive on Apr. 26 1943

Immediate cause of death	Duration
Atelectasis	
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Christine F. Richter M.D.
Address St. Joseph's Hosp. Date signed April 27 1943

433378

C 03700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 03700

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Reisterstown
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Goldie Tampico

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Boris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-96

8. AGE: Years 46 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Joseph
13. Birthplace Russia

MOTHER 14. Maiden Name Ida Kasell
15. Birthplace Russia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28/43 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cong.
Location Southern

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W Northern

19 (a) APR 27 1943 (Date rec'd by registrar)

Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 4 13 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943 to April 26 1943 and that I last saw her alive on Apr 26 1943.

Immediate cause of death Lobar Pneumonia Duration 4 days
(a) Left middle & lower lobes due to Pneumococcus type 6
Due to with bacteremia
Due to
Other Conditions Rheumatoid Arthritis, Splenomegaly
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Hr. M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address The Johns Hopkins Hospital Date signed 4/28/43

YS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

C 03701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 Ruskin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Ruskin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Saul Toby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 18 1894

8. AGE: Years 48 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business: Tailor Own Business

FATHER
12. Name: Abraham Toby
13. Birthplace: Poland

MOTHER
14. Maiden Name: Goldie Meriam
15. Birthplace: Poland

16 (a) Informant: Fannie Toby
(b) Address: 2316 Ruskin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Young men
Location: Windsor Mill Road

18 (a) Funeral director: Aar Lewinson & Bro
(b) Address: 1124-26 W. North ave

19 (a) APR 27 1943 (b) Huntington for Baltimore
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 1943 925 P at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-16-1943 to Apr-26-1943, and that I last saw him alive on April 26 1943.

Immediate cause of death: Cancer of the liver — Duration: about 5 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb-43

Major findings of operations: Cancerous of liver

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Herman Deichl M. D.
Address 2404 Eutaw Pl Date signed 4/27/43

VS 180

C 03702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

C 03702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 N Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 573 N Chapel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Clark

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Jas Clark
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April - 1864

8. AGE: Years	Months	Days	If less than one day
79	7	16	____ hr. ____ min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Jas Woodrow
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Burns
15. Birthplace Ireland

16 (a) Informant Katherine Boycott
(b) Address 513 N Chapel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29 (month) (day) 44 (year)
(c) Cemetery or crematory St Peters Cem
Location Catty

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Baltimore
(c) Huntington Williams M.D.

APR 27 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1943 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1943 to Apr 26 1943 and that I last saw him alive on 4-25 1943

Immediate cause of death
Arteriosclerosis — Duration 1 yr
Due to
Coronary Occlusion — 1 Day
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 2330 E Baltimore Date signed 4/26/43

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03703 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 03703

CERTIFICATE OF DEATH 1702

1. PLACE OF DEATH St. Joseph's Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME HARRY AGULAR — If U. S. Veteran specify WAR .....

(a) Residence: No. 3307 Dorithan Road St., 15-11 Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Zula (Birdie) Agular

6. DATE OF BIRTH (month, day, year) July 8, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pawnbroker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Agular,

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia Birnbaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Albert Benesch,
(Address) Cylburn Court Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Apr. 28, 1943

19. UNDERTAKER David Londrissin & Son
(Address) 1902 Eutaw Place.

20. APR 27 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/43

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull.	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-25 1943

Where did injury occur? Belair Rd & Parkside
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place 27-1

Manner of injury Pedestrian struck by auto

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. L. Wallenmeier M. D.

(Address) asst medical Examiner

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 03704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR CREASE. RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) & 10 days 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Port Norris (If outside city or town limits, write RURAL and give town)
(d) Street No. - (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME DAVID S. SWANK

3 (b) If veteran, name war -

3 (c) Social Security Account No. -137-18-1754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hattie O'Brien
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1876

8. AGE: Years	Months	Days	If less than one day
67	3	4	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business Merchant Marine

FATHER
12. Name John Swank
13. Birthplace Hudson Co., N. Y.

MOTHER
14. Maiden Name Henrietta Barbar
15. Birthplace Philadelphia, Pa.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/30/43 (month) (day) (year)
(c) Cemetery Methodist
Location Port Norris, N. J.

18 (a) Funeral director John J. Mitchell & Son, Inc
(b) Address 1600 Eutaw Place

APR 27 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 27, 1943, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17, 1942 to Apr. 27, 1943, and that I last saw him alive on Apr. 27, 1943.

Immediate cause of death Malnutrition & inanition — Duration 2 mos.
Due to Pyelonephrosis ureteral stricture — 3 mos.
Due to Carcinoma, squamous, urinary bladder — 3 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 3/3/43 - Transurethral Prostatectomy
Major findings of operation: as above
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature Frederick K Schreiner M.D.
Address Baltimore, Md. Date signed 4/29/43

VS 250

MS-42861

C 03705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

C 03705 Registered No.

The ... supplied with UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 4
(d) Street No. 2503 Fait Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kucinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1943

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Casimer Kucinski
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anna ZialKowski
15. Birthplace Baltimore, Maryland

16 (a) Informant Anna Kucinski
(b) Address 2503 Fait Ave. Baltimore, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 27 1943

18 (a) Funeral director
(b) Address Commissioner of Health

19 (a) APR 27 1943 (Date rec'd by registrar) Washington Hill, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1943, to 4/17 1943, and that I last saw h c t alive on 4/17 1943.

Immediate cause of death Prematurity - 2 weeks. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M.D.
Address Sinai Hosp. Date signed 4/27

VS 3

0029

C 03706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

C 03706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ground :- Patapsco Ave. & Sanner St.
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) by
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unidentified Balt - Boy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/43

8. AGE: Years | Months | Days: 10 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 27 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 27 1943 (b) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 7:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Exposure	
Due to	
Due to	
Other Conditions Exfoliative dermatitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Homicide
(a) Accident, suicide, or homicide
(b) Date of occurrence April 7 1943 at 6:40 P.M.
(c) Where did injury occur? Patapsco & 9th Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Vacant Lot While at work? Yes (Specify type of place)
(e) Means of injury Abandoned !

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 14 1943

10030

Type or write plainly in ink. Every item of information should be carefully answered. The information is especially important. Physicians: please write the causes of death clearly and legibly.

43314 03707

BALTIMORE CITY HEALTH DEPARTMENT X 03707 Registered No.

CERTIFICATE OF DEATH 54a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State IND (b) County
(c) City or town Ligonier Ind. (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME MORRIS W. WANDERMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 298-07-6481

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Stella M. Wanderman

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1896

8. AGE: Years 46 | Months 3 | Days 3029 | If less than one day hr. min.

9. Birthplace AUSTRIA (Town, county, and state)

10. Usual Occupation Advar Manager

11. Industry or business advertising

FATHER
12. Name Charles Wanderman
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name Jetta R. [illegible]
15. Birthplace AUSTRIA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 28 [illegible] (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Prince Geo. Co. Md.

18 (a) Funeral director John Ottenstein Jr. Co.
(b) Address 1900 Eutaw Place

19 (a) APR 27 1943 Huntington Williamsville, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 27 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 16 1943 to APR 27 1943 and that I last saw h/M alive on APR 27 1943.

Immediate cause of death Primary Tumor post afferitis — Duration 7

Due to —

Due to (yes)

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation 4-13-43
Major findings of operation: Primary Tumor, frontal lobe, etc
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugo V. Ruggeli M. D.
Address Johns Hopkins Hosp. Date signed 4-27-43

C 03708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03708 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 W. University Parkway
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. University Parkway (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Anna Eliza Kennady

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Wm. R. Kennady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1863

8. AGE: Years 79 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Firmadge King
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen Conaway
15. Birthplace Md.

16 (a) Informant Mary E. Binney
(b) Address 104 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] (b) [illegible]
(Signature of local registrar) Baltimore, Md.
VS 188 Teacher Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1937 at 6.00 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 21 1937 to April 26 1937; and that I last saw deceased alive on April 24 1937.

Immediate cause of death: Cardiac insufficiency. — Duration 2 yrs.

Due to Chronic myocarditis.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation: None.
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Treuchs M. D.
Address 1065 N. Calvert St. Date signed

C 03709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Reisterstown Rd.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos. 11 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Sadie Jane Logan.
3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 6, 1853
8. AGE: Years 89 Months 7 Days 20 If less than one day hr. min.
9. Birthplace Balto., Md. (City, county, and state)
10. Usual Occupation retired
11. Industry or business home duties
FATHER 12. Name Robert V. Logan
13. Birthplace Va
MOTHER 14. Maiden Name Anne Clotworthy
15. Birthplace Ireland
16 (a) Informant Margaret D. Hoffmaster
(b) Address 3314 Southern ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 '43 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location 2930 Frederick ave
18 (a) Funeral director John Ottenhoff Sons
(b) Address 1900 Eutaw Place
19 (a) APR 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 4:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1942, to 4-26 1943, and that I last saw her alive on 4-26 1943.

Immediate cause of death	Duration
Myocardial Failure	
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions General Debility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. McCole M. D.
Address 6014 York Road Date signed 4-26-43.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT IN INK. WITH UNFADING INK. Every item of information should be carefully supplied. The

A 03710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A 03710 Registered No. 161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 W. Lanvale Street
(c) Hospital or institution: 1940

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1940 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mary Elizabeth Atchison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Claude B. Atchison
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1861

8. AGE: Years	Months	Days	If less than one day
82	2	15	--hr. ---min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Richard Gormley
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Rachael Poole
15. Birthplace Washington, D. C.

16 (a) Informant Mrs. Lillian M. Ahern
(b) Address 1940 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) ---- (b) [illegible] Registrar

VS-126

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1943 at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Apr 26 1943, and that I last saw h[illegible] alive on Apr 26 1943.

Immediate cause of death Arteriosclerosis Mellitus — Duration 2 yr.

Due to ----

Due to ----

Other Conditions Arteriosclerosis Coronary Thrombosis (Infarction)
(Include pregnancy within 3 months of death)

Date of operation ----
Major findings of operations: ----
of autopsy: ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence ---- at ---- M
(c) Where did injury occur? ----
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ---- While at work? ----
(Specify type of place)
(e) Means of injury ----

23. Signature Samuel Levenberg
Address 724 Medical Arts Bldg Date signed 4/28/43

G.03711 G.03711

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted] Color. 7c

CERTIFICATE OF DEATH 13 R [redacted]

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Monument Street, Morgue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME FRANK MARSOUKY X — If U. S. Veteran specify WAR

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, [redacted] Hampton Va
Holy Savior. Date 4/29, 1943

19. UNDERTAKER Lodge & Mac Nabb
(Address) Eatonsville Md.

20. FILED [redacted] 19[redacted]
Hunting for Relatives [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.15 am April 25, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said " find that said deceased came
(Inquest, Autopsy or Inquiry)
... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary acute ulcerocaseous	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Wollamsuben M. D.
(Address) [redacted] Coroner's Physician

V S 6

C 03712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

C 03712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Roberts Place (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Wales

3 (a) FULL NAME Thomas Samuel Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Thomas
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Oct 24, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	1	____ hr. ____ min.

9. Birthplace South Wales, England (Town, county, and state)
10. Usual Occupation Water-Tender
11. Industry or business

FATHER
12. Name ? Stephen Thomas
13. Birthplace ? Wales

MOTHER
14. Maiden Name ? Margaret Thomas
15. Birthplace ? Wales

16 (a) Informant ~~Margaret Thomas~~ Margaret Thomas
(b) Address 3606 Roberts place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 43 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Eastern ave

18 (a) Funeral director E. Walter Thay
(b) Address 619 N. Bauldin St.

19 (a) ~~APR 27 1943~~ (b) ~~Registrar~~

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1943, at 10:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943 to April 25 1943, and that I last saw him alive on April 25, 1943.

Immediate cause of death
Ruptured Peptic ulcer

Due to

Due to

Other Conditions Arteriosclerosis Fibrillation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 week
5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr David Bachrach M. D.
Address Church Home & Inf. Date signed 4/27/43

VB 3

03713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03713 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Parole (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-11-43

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Theodore Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Pearle Weller
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location West Shattuck Lot

18 (a) Funeral director Ofatt Funeral Home
(b) Address 45 Northwest Pennsylvania Ave

19 APR 27 1943 (Registered by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 9 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943 to April 27 1943 and that I last saw alive on April 27 1943.

Immediate cause of death: Congenital syphilis — Duration 6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius A. Troppia, M.D.
Address Johns Hopkins Hospital Date signed 4/27/43

VS 110

C 03714 ✓ 102 C 03714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Durham St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife George Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1879

8. AGE: Years 63 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Rebecca Johnson
15. Birthplace Md

16 (a) Informant Gladys Wilson
(b) Address 1424 Bayes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Blanthy Ave

19 (a) APR 28 1943 (Date filed by Registrar) Huntington Wilson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-43 19 , at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-43 19 , to 4-24-43 19 , and that I last saw h alive on 4-23-43 19 .

Immediate cause of death Cerebral Hyperton — Duration 2,

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mamie Alma M.D.
Address 312 E 23rd St Date signed 4-26-43

VS 3

C 03715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03715 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Appleton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hyman Brown
13. Birthplace R.

MOTHER
14. Maiden Name Sarah -
15. Birthplace R.

16 (a) Informant Meyer A. Cook
(b) Address 2920 Auchentorlly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Jos. Levin Inc
(b) 1726 E. Balto. St

19 (a) [illegible] (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 7:29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943 to April 25 1943, and that I last saw h alive on April 25 1943

Immediate cause of death Cardiac failure — Duration

Due to Sudden heart attack

Due to Arteriosclerotic cardio Vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Lamberd M. D.
Address Univ. Hospital Date signed 9-25-43

VS 150

Correct age at expiration important. Physician: please write the causes of death clearly and legibly.

C 03716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C 03716 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Norfolk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Norfolk Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Kayser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Isreal
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Rachel
15. Birthplace Russia

16 (a) Informant Ida Kayser
(b) Address 4014 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd. Hebrew Y. M. H. A. Assoc
Location
18 (a) Funeral director Jacob Louis Inc
(b) Address 1739 E. Balto St.
19 (a) (b) Registrar

APR 28 1943
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1943, at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1943 to 4/26 1943, and that I last saw h. Mr alive on 4/26 1943.

Immediate cause of death Pneumonia
Due to Hypostatic
Due to Chronic myocarditis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration 4 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Kramer M. D.
Address 1424 Lee Date signed 4/29/43

Director Williams, M.D.

C 03717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

C 03717
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walf frassman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years	Months	Days	If less than one day
85	-		hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER | FATHER

12. Name —

13. Birthplace Russia

14. Maiden Name —

15. Birthplace Russia

16 (a) Informant Louis N. Frank

(b) Address 1007 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew Cem.

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E Balto St

19 (a) (b)
(Date received by registrar) Registrar

APR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25- 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19/1941, to 4/25/1943, and that I last saw him alive on 4/25/1943.

Immediate cause of death Arteriosclerosis
Hyper tension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.

Address Lewindale Date signed 4/25/43

C 03718 — BALTIMORE CITY HEALTH DEPARTMENT ✓ C 03718

CERTIFICATE OF DEATH

61 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Mount & Ruxton
(c) Hospital or institution: Sinai Hosp. of Balt. inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(or City) or town Baltimore Cowdenay (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Sharpman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced
F	white	Widowed

6 (b) Name of husband or wife Abraham J. Sharpman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
86				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Houses wife
11. Industry or business

FATHER
12. Name Israel —
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Mrs. A. Renew
(b) Address 1903 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date received by Registrar) (b) Registrar

APR 28 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26 1943, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1943. to 4/26 1943. and that I last saw h[illegible] alive on 4/26 1943.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions Diabetes, Cong. H. failure, nephritis R.
(Include pregnancy within 3 months of death)

Date of operation 4/10/43

Major findings of operation: Appendectomy

Leg for gangrene

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel E. Meisales M. D.
Address Sinai Hospital Date signed 4/26/43

C 03719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

C 03719 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 R. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 R. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rena Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis Porter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years 93 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Porter
13. Birthplace Russia

MOTHER
14. Maiden Name Riah —
15. Birthplace Russia

16 (a) Informant Mrs. Anna Rubin
(b) Address 34 R. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Balto., Md.

18 (a) Funeral director Jacz Levine Inc
(b) Address 1439 E. Baltimore St

19 (a) (b)
(Date rec'd by registrar)
APR 28 1943
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-43 19 , at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to April 26 1943, and that I last saw her alive on April 26 1943

Immediate cause of death: Heart failure due to Cardio vascular disease

Due to

Due to

Other Conditions: Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 34 R. Eden St Date signed

VS 150

03720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03720 Registered No. 121B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Clendenin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Clendenin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Jennie White

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Marcellus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	9	4		

9. Birthplace Alexandria Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Johnson
13. Birthplace Alexandria Va.

MOTHER
14. Maiden Name Martha Duke
15. Birthplace Alexandria Va.

16 (a) Informant Louise Bundy
(b) Address 1104 Clendenin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County

18 (a) Funeral director Mrs. Zorah Baysmore
(b) Address 1129 N Carlton St

19 (a) Registrar

APR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 12:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943 to April 24 1943, and that I last saw h alive on April 23 1943.

Immediate cause of death
1 Typhoid status Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Nephritis (Chronic) — 14 yr

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1424 E Monument Date signed 4/27/43

C 03721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 03721 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave.
(c) Hospital or institution:
N. M. Carroll Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Burke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Centerville, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Deeden
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Burke
15. Birthplace Md.

16 (a) Informant Miss Rosa Stewart
(b) Address 822 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Kemsley
(b) Address 578 W. Biddle S.t

APR 28 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH April 25, '43 19 . at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1943 to 4-25 1943.
and that I last saw h(er) alive on 4-25 19 43.

Immediate cause of death
Arteriosclerotic Heart Disease
Duration ?
Due to
Generalized Arteriosclerosis ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. J. Commander M. D.
Address 849 S. Carey St. Date signed 4-27-43

C 03722 ✓ C 03722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 E. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances N. Settaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Chas. A. Settaw
6 (c) If alive, give age: 1900

7. Birth date of deceased (mo., day, yr.) Oct. 12 1880

8. AGE: Years 62 52 | Months 6 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Griffin Gordiff
13. Birthplace Va.

MOTHER
14. Maiden Name Bettie Hendley
15. Birthplace Va.

16 (a) Informant Mrs. Ruth A. Ingram
(b) Address 2601 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 30 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2524 Orleans St.

19 (a) (Date rec'd by reg.) (b) APR 28 1943 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1943 to 4/27 1943 and that I last saw h[illegible] alive on 4/26 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 yr

Due to

Due to High Blood Pressure

Other Conditions: Hardening of Arteries

(Include pregnancy within 3 months of death)

Date of operation X

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury X

Signature A. A. Hearn M. D.
Address 3901 Lanvale Dated 4/27/43

(over) 46

C 03723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ C 03723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 St Paul St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 St Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick John Maisch

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elsa Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1870

8. AGE: Years 73 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Frederick J. Maisch
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Buschoff
15. Birthplace Germany

16 (a) Informant Mrs. Frances Myers
(b) Address 2503 St Paul St.

17 (a) Burial (b) Date thereof 4/28/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Baker & Sons
(b) Address 13 & 15 Light St.

19 (a) Filed APR 28 1943 (b) Williams, M.D.
(Date filed by city registrar)

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 18 1943, to Apr 25 1943, and that I last saw h— alive on Apr 25 1943

Immediate cause of death Oedema of Lungs — Duration 1 day

Due to

Due to

Other Conditions Left Hemiplegia 3 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. L. Lichtenberg M.D.
Address 1 W Madison Ave Date signed 4/27/43

C 03724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

C 03724 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Spaulding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Spaulding Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY P. HARDESTY

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph J. Hardesty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1854

8. AGE: Years 88 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace A. A. Co. Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George S. Gover

13. Birthplace Maryland

MOTHER 14. Maiden Name Annie E. Robingon

15. Birthplace Maryland

16 (a) Informant Mrs. John H. Bright

(b) Address 3607 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Aves.

19 (a) (Date rec'd by Local Registrar) APR 28 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 10 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Apr. 27 1943. and that I last saw her alive on Apr. 27 1943.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Arterio-sclerosis	12 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer C Todd M. D.

Address 795 N. Fulton Ave. Date signed 4/27/43

VS 3

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

C 03725 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2827 Baker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 Baker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN EDWARD STOREY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	066-10-1330

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Standard Oil Co., N. J.

FATHER
12. Name Norman H. Storey
13. Birthplace U. S. A.

MOTHER
14. Maiden Name Jones
15. Birthplace Va.

16 (a) Informant Mrs. Mary W. Storey
(b) Address 2827 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 28 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 4/25/ 1943, at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1943 to Apr 25 1943 and that I last saw h[illegible] alive on Apr 24 1943.

Immediate cause of death	Duration
Carcinoma descending colon	7
Due to	
Due to	
Other Conditions Malignant Cachexia	✓

(Include pregnancy within 3 months of death)

Date of operation ✓
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓
23. Signature Helen A. Trotsand
Address 12 19 Ellicott Stone Dr Date signed 4/26/43

VS 8

C 03726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92D

C 03726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 W. Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 W. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR MILTON HACKNEY

3 (b) If veteran, name war --

3 (c) Social Security Account No. 216-12-0236

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1879

8. AGE: Years 63 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation clerk
11. Industry or business National Marine

FATHER
12. Name J. Walter Hackney
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Emma Heffner
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Margaret Hackney
(b) Address 3912 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Registrar

APR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26/ 19 43, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to [illegible] 19[illegible], and that I last saw h[illegible] alive on [illegible] 19[illegible].

Immediate cause of death [illegible] — Duration [illegible]
Due to [illegible]
Due to [illegible]
Other Conditions [illegible] — Duration 10 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed [illegible]

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. USE INDELIBLE INK.

03727 Add'l Fyi

BALTIMORE CITY HEALTH DEPARTMENT ✓ C 03727

CERTIFICATE OF DEATH 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Woodlawn Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Elmer John Fink

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-01-0503

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katharyn F Fink (Mrs)

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 20, 1890

8. AGE: Years 52 | Months 4 | Days 6 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore, Baltimore Co., Maryland (Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business Post Exchange, Camp Pritchett

FATHER
12. Name Charles F Fink
13. Birthplace ? Balto.

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Balto.

16 (a) Informant Hospital Records.
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) APR 28 1943 (Date rec'd by registrar) Hampton Williams, Registrar (b) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943 to April 26 1943; and that I last saw him alive on April 26 1943.

Immediate cause of death	Duration
Cardio Respiratory failure	
Due to Bronchopneumonia	2 days.
Due to Hypertension Cardio-vascular disease; nephritis, chronic	
Other Conditions Uremia;	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonathan McC. Fink M. D.
Address Union Memorial Hop Date signed 4-26-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RAISED RESERVED FOR BINDING

VS 100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03728 ✓ C 03728 Registered No. 890

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 McHenry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THARLE, JOHN E.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 12, 1940
8. AGE: Years 2 | Months 9 | Days 12 | If less than one day: hr. min.
9. Birthplace Baltimore (city, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Edward Tharle
13. Birthplace Baltimore

MOTHER
14. Maiden Name Thelma Fowler
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd
18 (a) Funeral director Harry H. Kittle
(b) Address 4101 E. Monument Ave
19 (a) (Date received by Registrar) APR 28 1943 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1943, at 4 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1943, to 4-24 1943, and that I last saw h[illegible] alive on 4-24 1943.

Immediate cause of death	Duration
meningitis	
Due to pneumococcus type 23	1 wk
Due to	
Other Conditions otitis media	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H.D. Smith M. D.
Address Sydenham Hosp. Date signed 4-27-43

VS 1

C 03729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

C 03729

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 823 N. Belnord St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 823 N. Belnord St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles A. Schreiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-5322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sarah V. Schreiner

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feby 7 - 1876

8. AGE: Years	Months	Days	If less than one day
67	2.	9	hr. — min.

9. Birthplace Baltimore, Md.

(town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Barnes Bros Co

FATHER 12. Name John W. Schreiner

13. Birthplace Germany

MOTHER 14. Maiden Name Sara Abrahams

15. Birthplace Baltimore Md.

16 (a) Informant Mrs Sarah V. Schreiner

(b) Address 823 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Edmondson Ave

18 (a) Funeral director John J. Gowan & Son

(b) Address 901 Eutaw St

19 (a) (Signature) (b) Huntington Williams, M.D. Registrar

APR 28 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1943 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to April 1943, and that I last saw him alive on April 26 1943.

Immediate cause of death Pulmonary Edema

Due to Hypertensive Cardiovascular Disease

Due to Arteriosclerosis Cerebral Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1 yr. ? ? ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis T. Klimas M. D.

Address 2623 E. Monument St

Date signed 4/29/43

Dr Williams
C. 03730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D C 03730
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information should be complete and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RESERVED FOR ISSUING

1. PLACE OF DEATH.
(a) Baltimore City, Maryland
(b) Street address 1811 Spencer St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Spencer St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) Name Charles A Jones
(b) If veteran, name war —
(c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1867

8. Age: Years 75 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation Glass worker

11. Industry or business

FATHER
12. Name James O Jones.
13. Birthplace Maryland

MOTHER
14. Maiden Name Sullivan
15. Birthplace Ireland

16. (a) Informant James A Jones
(b) Address 1811 Spencer St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30 - 43 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem
Location Ellicott City Cemetery

18. (a) Funeral director Edward Lauletta
(b) Address 2357 Wash Blvd

19. (a) (Date received) APR 28 1943 Registrar
Huntington Williams, M.D.

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 4 oclock P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1942 to April 27 1943, and that I last saw h/he alive on April 25 1943.

Immediate cause of death: Cardio-Vascular Disease — Duration: 1 yrs
Due to: Arteriosclerosis — Duration: 1 yrs
Due to: Bronchial Asthma
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J Mulan M.D.
Address 68 W Lexington St Date signed 4-28-43 M. D.

C 03731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03734

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md. (b) County Lundiccan
(c) City or town Lundiccan Hgts
(If outside city or town limits, write RURAL and give town)
(d) Street No. Raynor Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Bessie Muller
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frederick Muller
6 (c) If alive, give age ( ) years
7. Birth date of deceased (mo., day, yr.) Nov. 10, 1906
8. AGE: Years 36 | Months 5 | Days 16 | If less than one day: hr. min.
9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Not known
15. Birthplace Unknown.

16 (a) Informant Deceased.
(b) Address Lutheran Hts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29-43 (month) (day) (year)
(c) Cemetery or crematory Lowden Park
Location Frederick Rd
18 (a) Funeral director Edward Lowden
(b) Address 2309 Wash Blvd
19 (a) (Date rec'd) Huntington Williams, M.D.

APR 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26 1943 at 7:05 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 3/18 1943 to 4/26 1943, and that I last saw h[illegible] alive on 4/26 1943

Immediate cause of death: Heliogna and Hypostatic

	Duration
Due to ? (Int)	[illegible]
Due to	
Other Conditions Gastric Hemorrhage Secondary Anemia	

(Include pregnancy within 3 months of death)

Date of operation 3 Planchotomy
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Queen M. D.
Address Date signed

D. C. 03732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Wash Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Wash Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian Winter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 1865

8. AGE: Years 77 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Balto City (town, county and state)

10. Usual Occupation Milk Dealer

11. Industry or business

FATHER 12. Name Christian Winter

13. Birthplace Germany

MOTHER 14. Maiden Name Christine

15. Birthplace Germany

16 (a) Informant Margaret M Winter

(b) Address 26 05 Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30-43 (month) (day) (year)

(c) Cemetery or crematory Loudon P.K. Location: Freedom Rd

18 (a) Funeral director Edward Faulson

(b) Address 2317 Wash Blvd

19 (a) [illegible] Huntington Williams, M.D. Registrar

98 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1943 at 11.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1942 to 4/27 1943 and that I last saw h[illegible] alive on 4/27 1943

Immediate cause of death: Acute Cardiac Failure — Duration 1 da

Due to: Arteriosclerotic Cardio Vascular Disease — 10 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lankford, D.
6919 Washington Blvd Date signed 4/28/43

C 03733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03733 ✓ Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5721 Bellona ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 14yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5721 Bellona ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence A. Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 1873

8. AGE: Years 69 | Months 4 | Days ? | If less than one day hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation at Home.

11. Industry or business —

FATHER 12. Name John R. Wilson
13. Birthplace Pa

MOTHER 14. Maiden Name Emma J. Hofius
15. Birthplace Pa

16 (a) Informant Mrs Alice Horaman
(b) Address 5717 Bellona ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 28 1943 (month) (day) (year)
(c) Cemetery or crematory Darlington
Location Darlington Md

18 (a) Funeral director Ged L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) (Date received by local registrar) APR 28 1943 Harry [illegible] Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to April 26 1943 and that I last saw her alive on April 26 1943.

Immediate cause of death: Cardiac Decompensation — Duration: 3 weeks

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kamma Jr.
Address 5901 York Rd. Date signed 4/28/43

C 03734 HEALTH DEPARTMENT—CITY OF BALTIMORE 03734

CERTIFICATE OF DEATH

1314

1. PLACE OF DEATH Edgewood Nursing Home

CITY OF BALTIMORE: (No. 6000 Bellona Ave. Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary E Tyson

If U. S. Veteran specify WAR _____

(a) Residence: No. 2711 Bayonne Ave, St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred L Tyson.

6. DATE OF BIRTH (month, day, year): Nov 26 1866

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
76	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Onida N. Y.

FATHER

13. NAME: Dominick Kelly.

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary McElyon

16. BIRTHPLACE (city or town) (State or country): Utica N.Y.

17. INFORMANT: Mrs. Lomberger

(Address) 2711 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Utica N.Y. Date May 1 1943

19. UNDERTAKER: Geo. L Boyer Jr.

(Address) 1512 Walbrook St Balto Md

20. FILED APR 28 1943 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1943 to April 27, 1943

I last saw h EY alive on April 27, 1943 Death is said to have occurred on the date stated above, at 7½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/27/43
Cardio-Renal - Vascular Disease	2/27/43

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) J H Wilson M. D.

(Address) 617 N. 40th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Huntington

C 03735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 03735 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 E Lombard St
(c) Hospital or institution: home —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give ward)
(d) Street No. 1719 E Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Borkowska

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female 5. Color or race W 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Adolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 35 Months Days If less than one day hr. min.

9. Birthplace Pa Keesport Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business house wife.

FATHER 12. Name Alexander Krithonska

13. Birthplace Poland

MOTHER 14. Maiden Name Helen Katanowska

15. Birthplace Poland

16 (a) Informant Adolf Borkowski

(b) Address 1719 E Lombard St

17 (a) B- (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)

(c) Cemetery or Crematory St Stanislaus

Location Dundalk ave —

18 (a) Funeral director John J Duda

(b) Address 2809 Hudson St

19 (a) (Date rec'd by registrar) APR 28 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 3P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943 to April 26 1943. and that I last saw h alive on April 26 1943.

Immediate cause of death: (a) Pul Tbc — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M.D.

Address 129 S. Bway Date signed 4/26/43

mgm 81179

C 03736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 C 03736 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Aliceanna St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caleb A. Church

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	403-16-0922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	21	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Shipping Dept.
11. Industry or business Calvert Distillery Co.

FATHER
12. Name Wilson Church
13. Birthplace Virginia

MOTHER
14. Maiden Name Katherine Roberts
15. Birthplace Virginia

16 (a) Informant B.C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APR. 28/43 (month) (day) (year)
(c) Cemetery or crematory NORTH FORK CEM.
Location VIRGINIA

18 (a) Funeral director Tilly and Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) APR 28 1943 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1943 at 5:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943 to 4-27 1943.
and that I last saw him alive on 4-27 1943.

Immediate cause of death	Duration
Lobar pneumonia	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-27-43

C 03737 MJ 80843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03737 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Easter Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 336 S. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Back

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JAN. 11 1857

8. AGE: Years 86 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name Joh ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 29/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler, N.C.
(b) Address 403 S. HOLLIN ST. Thurlington Williams, M.D.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26 1943 at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1943 to 4-26 1943 and that I last saw her alive on 4-26 1943

Immediate cause of death: Multiple pulmonary embolism
Due to Femoral thrombosis
Due to Generalized arteriosclerosis
Other Conditions Fractured ankle

Duration: 23 days

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none taken.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Hazen
Address Balto. City Hosp. Date signed 4/26/43 M.D.

Henry J. Mathews, M.D.

03738

429623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89B

Registered No. C 03738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 E Eager (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles ~~Keene~~ Keene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1-15-77

8. AGE: Years	Months	Days	If less than one day
66	3	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name John Keene

13. Birthplace Md

MOTHER — 14. Maiden Name Ellen

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 29 1943 (Month) (Day) (Year)

(c) Cemetery or crematory Old Bethel

Location Dorchester Co. Md.

18 (a) Funeral director Potter & Williams

(b) Address 515 McElderry

19 APR 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1943 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1942 to Apr 25 1943, and that I last saw h/M alive on Apr 25 1943

Immediate cause of death Pneumothorax Intention

Due to Mastoiditis, lateral Sinus thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Marshall C. Sanford

Address Johns Hopkins Hosp Date signed 4/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03739 03739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 W
(e) Length of stay in Baltimore (yrs., mos., or days) 63-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 N Milton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E Von Kennen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fred K Von Kennen
6 (c) If alive, give age 3 8 years

7. Birth date of deceased (mo., day, yr.) Nov 6-1879

8. AGE: Years 63 | Months 5 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Carl Bischoff
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Burkhardt
15. Birthplace Germany

16 (a) Informant Fred K Von Kennen
(b) Address 1702 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave Balto Md

18 (a) Funeral director Wm J Tunnell Home
(b) Address 2008 Orleans St

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-1943, to 4-27-1943, and that I last saw her alive on 4-27-1943.

Immediate cause of death: Cerebral apoplexy — Duration 14 days
Due to Hypertension & arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Shelton C Lacy M. D.
Address 2117 Belair Rd Date signed 4-28-43.

VS 3

03740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 03740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 Jackson Place
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Jackson Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beach, Bertha

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife John Dayton Beach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/71

8. AGE: Years	Months	Days	If less than one day
72	10	29	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas T Wahl
13. Birthplace Maryland

MOTHER
14. Maiden Name Sloan Tomitha
15. Birthplace Maryland

16 (a) Informant Isaac Mrs. H.L.
(b) Address 1638 E. 32nd St Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Cem.

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1943, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-43 1943, to 4-27 1943, and that I last saw h[illegible] alive on 4-27 1943.

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to Congestive Heart Failure — months
Due to Arteriosclerotic Heart Disease — Years
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Cullen, M. D.
Address Church Home & Inf. Date signed 4-27-43

Correct age is exceedingly important. Physicians: please write the causes of death clearly and legibly.

VS 3

08741
JL - 62291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. C 03741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3-23
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lee Garnett

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1869

8. AGE: Years	Months	Days	If less than one day
73 74	3	27	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. Garnett
13. Birthplace Va

MOTHER
14. Maiden Name Lizzie ?
15. Birthplace Va

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 32 E. Schroeder St

19 (a) APR 28 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1943, at 9 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1941, to 4-24 1943, and that I last saw him alive on 4-24 1943.

Immediate cause of death	Duration
Cardiac failure	2 yrs.
Due to Arteriosclerotic H. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 4-27-43

Correct age if adjacency important. Physicians: please write the causes of death clearly and legibly.

YB 180

C 03742 amended

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

Registered No. C 03742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1060 Vine St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1060 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4842

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Dorothy Wallace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Crisfield Md (town, county, and state)

10. Usual Occupation Oyster Schucker

11. Industry or business

FATHER 12. Name James Wallace
13. Birthplace Balto Md

MOTHER 14. Maiden Name Leah Sterling
15. Birthplace Crisfield Md

16 (a) Informant Dorothy Wallace
(b) Address 1060 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Wallace
(b) Address 322 N. Schroeder St

19 (a) APR 28 1943 (Date rec'd by Registrar) (b) Huntington Ave, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute and chronic pyelonephritis	
Due to pyuria and cystitis	
Due to	
Other Conditions Acute pericarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed April 25 1943

VS 6

03743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03743 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Annapolis Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Annapolis Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH LYLES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Isiah L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1865

8. AGE: Years	Months	Days	If less than one day
58	1	5	hr. min.

9. Birthplace Annapolis Md. (town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Bowie
13. Birthplace Annapolis Maryland

MOTHER
14. Maiden Name Bettie Tydings
15. Birthplace Annapolis Maryland

16 (a) Informant Isiah L. Lyles
(b) Address 3011 Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 APR 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 6-45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wollenmuhlen M.D. Asst. Medical Examiner.
Date signed 4-26-43

VS 6

03744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/31a

C 03744
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 W Hill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 W Hill St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1871

8. AGE: Years 72 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Loyd Harris
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Grayson
15. Birthplace Md

16 (a) Informant Thomas Harris
(b) Address 711 Brun

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn St
Location Balto City

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 1098 W Montgomery St

19 (a) APR 28 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 8 36 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to April 26 1943 and that I last saw h[illegible] alive on April 25 1943.

Immediate cause of death

	Duration
Cardio Renal	4
Due to	
Due to	Yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Hefele M.D.
Address 1745 Park Ave Date signed 4/27/43

VS 150

C 03745

AB-79768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03745 / 520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos. -15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Morling Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3-1904

8. AGE: Years 39 | Months 3 2 | Days 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frank Gilbert
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Jackson
15. Birthplace England

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Frank H. Seitz
(b) Address 814 W. Baltimore St.

19 (a) APR 28 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1943, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1943, to 4-26 1943, and that I last saw her alive on 4-26 1943.

Immediate cause of death: Myocarditis, chronic & Arteriosclerosis

Duration: 6 mos. 15 ds.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Harvey Hanson M. D.
Address Balto. City Hosp. Date signed 4-26-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

WALONEY DRUMMOND

BALTIMORE CITY HEALTH DEPARTMENT

C 03746 CERTIFICATE OF DEATH 12B C 03746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Woloney Drummond

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1900

8. AGE: Years 42 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (City, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James F. Drummond

13. Birthplace Accomac Co, Va.

MOTHER 14. Maiden Name Hester Bagwell

15. Birthplace Accomac Co, Va

16 (a) Informant Hester Drummond (wife)

(b) Address 1127 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Charles G. Cooper

(b) Address 514 N. Calhoun St.

19 (Date received) APR 28 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 1:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 26 1943, and that I last saw h[illegible] alive on April 26 1943.

Immediate cause of death Acute Pulmonary Tuberculosis — Duration 1 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Greenberg M. D.

Address 1127 N Carey St Date signed 4/27/43

VS 150

LEWIS
C 03747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
C 03747 Registered No. 176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis JAMES MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-20-9416

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1927

8. AGE: Years 15 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace Mc Keesport Pa. (Town, county, and state)

10. Usual Occupation 211 W Pratt St

11. Industry or business Monarch Fine Food Co

FATHER
12. Name James Miller
13. Birthplace Syra

MOTHER
14. Maiden Name Sadie Miller Stamatelos
15. Birthplace Mc Keesport Pa

16 (a) Informant Sadie Miller Stamatelos
(b) Address 811 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Mc Keesport Pa.
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (a) APR 28 1943 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 5 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~it~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Crushing of head and neck.
Due to
Due to
Other Conditions ~~no~~

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ~~no~~
of autopsy: ~~no~~

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ~~2/2~~ 1943
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-27-43 at 5 35 PM
(c) Where did injury occur? 211 W Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~industrial~~ (Specify type of place) While at work? yes
(e) Means of injury Crushed by elevator

23. Signature H. J. Wallenmeyer M.D.
~~Asst~~ Medical Examiner.
Date signed 4-28-43

VS 6

C 03748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03748 / 61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 E Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 E Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Kettering

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 - 1882

8. AGE: Years	Months	Days	If less than one day
60	7	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Shipping Clerk Retired
11. Industry or business Hardware

FATHER
12. Name John C Kettering
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Raudenbergen
15. Birthplace Balto Md

16 (a) Informant Anna Kettering
(b) Address 1427 E Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location Balto. Md

18 (a) Funeral director Mutton Schilling
(b) Address 3914 S. Hanover St

19 (a) APR 28 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 5 am M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1943, to April 27 1943, and that I last saw her alive on April 22 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	4 Dy
Due to Diabetes Mellitus	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. O. O Stevens M.D.
Address 2818 Harford Rd Date signed 4-28-43

(over)

C 03749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Md. Gen. Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ? 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2624 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Shephard Foster

3 (b) If veteran, name war: WORLD WAR #1

3 (c) Social Security Account No. 215-10-9340

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rey Piser FOSTER

6 (c) If a wife, give age 54 years

7. Birth date of deceased (mo., day, yr.) August 10, 1890

8. AGE: Years 52 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business CONS. ANNUEL - OCEAN

MOTHER / FATHER

12. Name Claudius S. Foster

13. Birthplace Virginia

14. Maiden Name Peachy Sears

15. Birthplace Virginia

16 (a) Informant MRS. REY PISER FOSTER

(b) Address 2624 ST. PAUL ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/30/43 (month) (day) (year)

(c) Cemetery or crematory DRUID RIDGE

Location

18 (a) Funeral director Chas. J. Eggers Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 (a) APR 28 1943 (Date received) Huntington Williams, M.R.

VS 3 -

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1943, at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 4/27 1943 and that I last saw h alive on 4/27 1943.

Immediate cause of death: Broncho-pneumonia

Due to: Myocardial Degeneration

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krapf, Jr. M. D.

Address Md. Gen. Hosp. Date signed 4/27/43

C 03750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

C 03750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Park avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Park avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK O'NEILL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	white	Widower

6 (b) Name of husband or wife Jennie A. O'Neill
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1862

8. AGE: Years	Months	Days	If less than one day
80	7	24	hr. min.

9. Birthplace Baltimore. Maryland (Town, county, and state)
10. Usual Occupation Restaurant Business
11. Industry or business

FATHER
12. Name James O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Carney
15. Birthplace Ireland

16 (a) Informant Miss M. L. England
(b) Address 2014 Park avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chas. J. Cregar - Son Inc
(b) Address 1128 N. Mt. Royal Ave

19 (a) APR 28 1943 (Date rec'd by registrar) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 19__ to 4/26 1943 and that I last saw him alive on 4/26 1943

Immediate cause of death Asthma - Arterio C. V. D.

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold J. Hamilton M.D.
Address 1031 Eutaw Pl. Date signed 4/27/43

C 4353537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03751
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 884½ W Lombard
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY KRASAUKAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-86

8. AGE: Years 56 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace: RUSSIA
(Town, county, and state)

10. Usual Occupation: H W

11. Industry or business

FATHER
12. Name John ?
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles W. Buchmueller
(b) Address 637 Washington Blvd.

19 (a) (Date received) APR 30 1943 Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 27 1943 at 6⁰⁰ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24 1943, to Apr 27 1943, and that I last saw her alive on Apr 27 1943

Immediate cause of death PNEUMONIA (Left Upper Lobe) + Embolism Duration 3 days

Due to

Due to

Other Conditions Coma, ? due to thrombosis of vessel of brain.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address The Johns Hopkins Hospital Date signed 4/29/43

F: 03752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F: 03752 / 832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for every item. Use "None" or "Unknown" where necessary. Do not leave blanks. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 W. 20 St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Evans Sutton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	negro	Married

6 (b) Name of husband or wife Mollie Sutton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Arthur Sutton
(b) Address Fayetteville, N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory
Location Fayetteville, N. C.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b)

VS 8 APR 28 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943, to April 25 1943, and that I last saw him alive on April 25 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days.
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Bagley M. D.
Address Provident Hospital Date signed 4-27-43

C 03753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

C 03753 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 342 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 342 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY FRANCES BOOKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-5832

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Alfred Booker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1890

8. AGE: Years	Months	Days	If less than one day
52	9	13	hr. min.

9. Birthplace Stevenson, Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace West Va.

MOTHER
14. Maiden Name Mary Ellen Harris
15. Birthplace Va.

16 (a) Informant Mr. Alfred Booker
(b) Address 342 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578, W. Biddle St.

19 (a) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, '43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to Apr 26 1943 and that I last saw ~~her~~ alive on Apr 26 1943.

Immediate cause of death Uremia — Duration

Due to Nephritis
Due to Hypertension & Cardiac Disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lee Julian Jr. M.D.
Address 511 N Schroeder St Date signed 4/29/43

C 03754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registration No. C 03754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 E Barney St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 E. Barney St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Elizabeth Kaufman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Frederick W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1870

8. AGE: Years	Months	Days	If less than one day
71	5	12	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ernst Fischbeck
13. Birthplace Ger.

MOTHER
14. Maiden Name Anna Goebel
15. Birthplace Ger.

16 (a) Informant Family
(b) Address 220 E. Barney St.

17 (a) B. (b) Date thereof 4-29-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Reisterstown Md.

18 (a) Funeral director Jos. L. McCleaf
(b) Address 130 E. Fort Ave.

(c) APR 28 1943 Huntington Williams, M.D.
(Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to April 26 1943, and that I last saw her alive on April 26 1943

Immediate cause of death	Duration
a Pneumonia	2 days
Due to Cerebral Hemorrhage	2 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Campbell
Address 1644 Hanover St Date signed 4/27/43 M. D.

C 03755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03755 — Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Julius Strayhorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola Strayhorn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1896

8. AGE: Years 46 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace Durham N.C. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Self employed

FATHER
12. Name Simon Strayhorn
13. Birthplace Durham N.C.

MOTHER
14. Maiden Name Josephine Athens
15. Birthplace Durham N.C.

16 (a) Informant Elnor Smith
(b) Address 946 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Miss Kate P. Williams
(b) Address 322 N. Schroeder St.

APR 28 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 8 05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1943, to April 26 1943, and that I last saw him alive on April 26 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 hours

Due to: Essential Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Bonfield M. D.
Address Provident Hospital Date signed 4-27-43

VS 3

3756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 03756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Joseph Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	unknown

6 (b) Name of husband or wife Nelsie Yaples
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 50			hr. min.

9. Birthplace Binghamton, N. Y. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William E. Moore
13. Birthplace Cooperstown, N. Y.

MOTHER
14. Maiden Name Margaret Clarke
15. Birthplace Ireland

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/43 (month) (day) (year)
(c) Cemetery or crematory Binghamton, N. Y.
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 28 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1943 to Apr. 27 1943 and that I last saw h alive on Apr. 27 1943

Immediate cause of death	Duration
Cardiac Failure	
Due to Pneumonia	
Due to Grippe	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Gray
Address Mercy Hospital Date signed 4/27/43 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

03757

c 03757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (30)

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (if not a resident give number of days) 1 day
(e) Length of stay in Baltimore (yrs. if less than 1 year give months, days, or hours) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 S. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Eszes (Eszes - Esses)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-63-5026

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Eszes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1897

8. AGE: Years 45 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Waterman Lumber Co.

FATHER
12. Name Nicholas Eszes
13. Birthplace Hungary

MOTHER
14. Maiden Name Julia Deseo
15. Birthplace Hungary

16 (a) Informant Mrs Mary Eszes
(b) Address 1432 S. Charles St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Charles St. Huntingtown Prince Georges, MD

19 (a) APR 28 1943 (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1943 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943 to 4-27 1943. and that I last saw him alive on 4-27 1943.

Immediate cause of death Arteriolar nephrosclerosis — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of [illegible] Examination of Death with autopsy suffices.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Andrew Jeffs, M.D.
Address 1218 Light St. Date signed 4-27-43

VS 150

03758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

Registered No. C 03758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 E Churchhill St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 507

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 E Churchhill st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1859

8. AGE: Years	Months	Days	If less than one day
83	4	26	hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace England

MOTHER
14. Maiden Name Catherine Marie Hill
15. Birthplace England

16 (a) Informant Mr Charles Jones
(b) Address 118 E Churchhill st

17 (a) Burial (b) Date thereof 4/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Williams M Marock
(b) Address 745 Light St

APR 28 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to April 27 1943, and that I last saw h[illegible] alive on April 25 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days
Due to: Hemiplegia — 9 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1279 Fillmore N Date signed 4/27/43 M. D.

correct age in especially important. Physicians; please write the causes of death clearly and legibly.

03759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. C 03759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 N Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 N Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lautenschlager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1883

8. AGE: Years	Months	Days	If less than one day
59	10	2	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Prud Inc Co

FATHER
12. Name Adam Lautenschlager
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Nagelschmidt
15. Birthplace Md

16 (a) Informant Mrs Bertha Lautenschlager
(b) Address 1512 N Collington Ave

17 (a) Burial (b) Date thereof 4/29/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

APR 28 1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1942 to Apr 26 1943.
and that I last saw h alive on Dec April 43

Immediate cause of death Uraemia — Duration 48 hrs

Due to Hypocondritis — 3 months

Mutual Regurgitation (Cusing) — 10 yrs

Due to Arterio Sclerosis — 15 yrs

Other Conditions Nephritis Chronic

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Haywood Kelly M. D.
Address 702 W Saratoga St Date signed

VS 130

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

C 03760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Elderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGINIA NUTTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1935

8. AGE: Years	Months	Days	If less than one day
8	3	18	hr. min.

9. Birthplace Nanticoke, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wesley T. Nutter
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Peters
15. Birthplace Md.

16 (a) Informant Mildred Holland
(b) Address 1623 McElderry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury, Md.

18 (a) Funeral director Elroy L. Wilson
(b) Address 1000 Brent Lane Huntington Woods

19 (a) (Signature of person who filed by registrar) Registrar

28 1943
26 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 9:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I, (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Burns, 3rd degree	
Due to entire body	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-26-43 at 8:50 M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Burned after

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 4-26-43

Cert age is especially important. Physician: please write the causes of death clearly and legibly.

C 03761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Streets
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B'altimore
(c) City or town Baltimore Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 155 Riverside Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles James PINDER
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Emily Hook Pinder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1900

8. AGE: Years	Months	Days	If less than one day
43	2	23	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business Building

FATHER
12. Name Robert Pinder
13. Birthplace England

MOTHER
14. Maiden Name Ada Oakley
15. Birthplace England

16 (a) Informant Robert Pinder Jr.
(b) Address 155 Riverside Road Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 3005 Park Heights Avenue,

19 APR 28 1943 (b) Registrar
Huntington Williams, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Apr 27 1943.
and that I last saw him alive on April 24 1943.

Immediate cause of death Peripheral vascular collapse — Duration
Due to Gastro intestinal bleeding
Due to Tuberculosis
Other Conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Borofsky M.D.
Address West Baltimore Date signed 4/27/43

C 03762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 03762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6010 Henderson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6010 Henderson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Le Roy W. Serber

3 (b) If veteran, name war: World War I.
(c) Social Security Account No. 214-01-2784

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jennie Payne Serber
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 13 1895
8. AGE: Years 48 | Months - | Days 15 | If less than one day: hr. min.
9. Birthplace: Jennings Pa. (Town, county, and state)
10. Usual Occupation: Boss at Iron Shop.
11. Industry or business: County Bay Boat Guard

FATHER
12. Name: Henry Serber
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Jennie V. Serber
(b) Address: 6010 Henderson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month) (day) (year)
(c) Cemetery or crematory: Morrow Ohio
Location: Morrow Ohio

18 (a) Funeral director: Lowry Bros.
(b) Address: 5 Abd. Highlands Ave

APR 26 1943

19 (a) (Date rec'd by registrar) (b) Lexington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to Apr 28 1943 and that I last saw him alive on March 5 1943

Immediate cause of death: Coronary thrombosis — Duration: Hours

Due to: Coronary occlusion

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Harry D. McCarty, M.D.
Address: 27 W. Preston Date signed: 4/28/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

C 03763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. C 03763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home + Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fork Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Baby Boy Burden.

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Church Home + Hospital (Town, county and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Mr Clifford Burden
13. Birthplace Fork Md

MOTHER
14. Maiden Name Mrs Helen Quick
15. Birthplace Ruth Dakota

16 (a) Informant Mrs Clifford Burden
(b) Address Fork Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 29-43 (month) (day) (year)
(c) Cemetery or crematory Fork M. E. Cem
Location Fork Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork and Kingsville, Md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

APR 29 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943, at 5:48 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1943 to April 28 1943, and that I last saw him alive on April 28 1943.

Immediate cause of death: Congenital Atelectasis. — Duration 12 hr.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Clifford Burden

Address Church Home + Hospital Date signed 4/28/43 M. D.

Please write plainly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

03764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. C 03764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 109 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nelson Orr 79033

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-7022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23, 1888

8. AGE: Years	Months	Days	If less than one day
55	0	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation cab driver
11. Industry or business

FATHER
12. Name James Orr
13. Birthplace Md.

MOTHER
14. Maiden Name Sally Reynolds
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/30/43 (month) (day) (year)
(c) Cemetery or Crematory St. Marys - Kenwood
Location Balto. Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

APR 29 1943 Huntington Williams, M.D.
(Date received by local registrar) (Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 19 43 at 1:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 19 43, to Apr. 27 19 43, and that I last saw him alive on Apr. 27 19 43.

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Accurate

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.S. Hart M.D.
Address Balto City Hosp Date signed 4/29/43

C 03765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 03765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Aves,
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 W. Lorraine Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie M. Riggin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robley D. Riggin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1877

8. AGE: Years 66 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business At Home

FATHER
12. Name Louis N. Eckstein
13. Birthplace Pa.

MOTHER
14. Maiden name Eleanor Remington
15. Birthplace Pa.

16 (a) Informant Robley D. Riggin
(b) Address 222 W. Lorraine Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/30/43 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wellington Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) APR 29 1943 (Date received by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1943, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1943 to 4/27 1943, and that I last saw her alive on 4/27 1943.

Immediate cause of death Myocardial Insufficiency

Due to Hypertensive C.V.D

Due to Nitrite allergy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martyn W. Krapp, Jr. M. D.
Address Maryland Gen. Hosp. Date signed 4/27/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

C 03766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a

Registered No. C 03766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Aliceanna St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 39 years

3 (a) FULL NAME Frank T. Potrzucki

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stanislawa —

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Peter Potrzucki
13. Birthplace Poland

MOTHER
14. Maiden Name Apalonia Pasciggewska
15. Birthplace Poland

16 (a) Informant Mrs. F. Sienkiewica (sister)
(b) Address 1629 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (cem)
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 1201 S. Chester Street

APR 29 1943

19 (a) [illegible] Washington Williams Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-1943, at 12:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon, and from the evidence obtained by said Autopsy, I find that said deceased came to his death on the day stated above.

Immediate cause of death
Asphyxiation
Due to
Hanging
Due to
Other Conditions Despondent
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-27-43
(c) Where did injury occur? 1629 Aliceanna St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Suspended by neck - rope

23. Signature Howard J. Uhlenhuth M.D.
Medical Examiner.
Date signed 4-27-43

03767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. C 03767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 S. Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 S. Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WIKTORYA - SWEDRROL
VICTORIA - SWENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
73	7			

9. Birthplace Sweden
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) APR 29 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943, to 4-28 1943, and that I last saw her alive on 4-21 1943.

Immediate cause of death Uremia due to Hypertension CV Disease
Due to Degenerated Tubules of Kidneys
Due to Coronary Occlusion
Other Conditions
(Include pregnancy within 3 months of death)

Duration
4-26-43

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eastman M. D.
Address 842 S Eastern Ave Date signed 4-29-43

VS 3

C 03768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ C 03768 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3721 Centre Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 Centre Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pasqua Civilla

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph
(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 29, 1892

8. AGE: Years 50 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicola Mangione
13. Birthplace Italy

MOTHER
14. Maiden Name Maiada
15. Birthplace Italy

16 (a) Informant Jean S. Civilla
(b) Address 2738 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Road

18 (a) Funeral director Joseph Tarascio Inc
(b) Address 20 E Clement Ave

19 (a) [illegible] Harrington Williams MD

APR 29 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-43 19 , at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11-43 19 , to 4-27-43 19 , and that I last saw her alive on 4-23-43 19 .

Immediate cause of death Arteriosclerotic Heart Disease - 3rd degree
Due to Decompensation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Costantino M.D.
Address 234 S. Conkling St Date signed 4-28-43

03769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1600 Registered No. C 03769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd Calvert
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d 4h 16min
(e) Length of stay in Baltimore (yrs., mos., or days) 24h 16min

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3443 Rolland Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Duke

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) 4-22-43

8. AGE: Years | Months | Days: 1 | If less than one day: 10 hr. 16 min.

9. Birthplace Baltimore, Balt., Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Mr. Wm Benjamin Duke
13. Birthplace Ohio

MOTHER
14. Maiden Name Evelyn Comer
15. Birthplace Ohio

16 (a) Informant
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hospital disposal
Location

18 (a) Funeral director
(b) Address

19 (a) APR 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1943, at 8:44 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1943 to 4/23 1943, and that I last saw him alive on 4/23 1943.

Immediate cause of death: Cardio-Respiratory failure. — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred B. Dixon M. D.
Address Howard Memorial Hosp. Date signed 4-24-43

VS 200

C 03770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. C 03770

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3109 Keswick Road.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 ys

(e) Length of stay in Baltimore (yrs., mos., or days) 60 ys.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3109 Keswick Road.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward M. Williams.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma F. Williams

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb 25 1859

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	2	2		

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Foreman, Md. & Penna R.R.

FATHER
12. Name Daniel Williams.
13. Birthplace Virginia.

MOTHER
14. Maiden Name Lutitia Costello.
15. Birthplace Virginia.

16 (a) Informant Emma F. Williams.
(b) Address 3109 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/43 (month) (day) (year)

(c) Cemetery or crematory Morland Park
Location Taylor Ave

18 (a) Funeral director Eldridge P. Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) [illegible] Harrington Williams, M.D.

APR 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1943, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943 to April 27 1943.
and that I last saw him alive on April 26 1943

Immediate cause of death
Arteriosclerosis
Myocardial degen

Due to

Due to

Other Conditions Cerebral Thrombosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy:

Duration
L.
1
28 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence — — at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Emma F. Williams

Address 3429 Chestnut Ave. Date signed M. 4 D. 24/43

03771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 03771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4706 Kenwick Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4706 Kenwick Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN B. ADT

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2876

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Dorothy D. adt
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 6-25-1894

8. AGE: Years	Months	Days	If less than one day
48	10	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Machine Shop

FATHER
12. Name Albert W. adt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lena Von Hatzel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. John B. adt
(b) Address 4706 Kenwick Rd.

17 (a) Cremation (b) Date thereof 4/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore Md

18 (a) Funeral director E. W. Lamgeau
(b) Address 1006 W. Baltimore St

19 (a) APR 29 1943 (b) Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 43 at 8 20 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to Arteriosclerosis

Other Conditions No
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-28-43

VS 151

03772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 03772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 Mc Elderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Mc Elderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fisher

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26-1937

8. AGE: Years	Months	Days	If less than one day hr.	min.
6	1	1		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name John P. Fischer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary League
15. Birthplace Balto. Md.

16 (a) Informant John P. Fischer
(b) Address 2218 Mc Elderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-43 (month) (day) (year)
(c) Cemetery or crematory Loch Hill Ln.
Location Hooper's Lane

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

19 (a) APR 29 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27-1943 at 8 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bronchitis
Due to ~~Due to~~ Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 4/27/43

VS 6

C 03773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03773 ✓ 830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3125 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

1500

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE MORRISON

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1864

8. AGE: Years	Months	Days	If less than one day
78	9	28	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name John McIntyre
13. Birthplace Scotland

MOTHER
14. Maiden Name -- Gilchrist
15. Birthplace Scotland

16 (a) Informant Miss Fern Morrison
(b) Address 3125 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 29 1943 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 26, 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to [illegible] 19[illegible] and that I last saw h[illegible] alive on [illegible] 19[illegible]

Immediate cause of death [illegible] Duration 48 hrs

Due to [illegible]

Due to [illegible]

Other Conditions [illegible]
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 4/28/43

VS 2

C 03774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460 Registered No. C 03774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4240 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHRISTIAN GOTTLIEB WEST

3 (b) If veteran, name war: Indian

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/1866

8. AGE: Years 77 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation retired - Gov't. Employee

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Annie E. West
(b) Address 4240 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Apr. 27, 1943, at 10:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1943 to April 27 1943 and that I last saw h— alive on April 27 1943.

Immediate cause of death: Carcinoma stomach — Duration: 2 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy none.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton E Lawrence M. D.

Address 5013 Park Heights Ave Date signed 4-28-43

VS 8

C 03775

433610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

38 C Registered No. C 03775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1544 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Griffin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-14-43

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Howard Griffin
13. Birthplace Ga.

MOTHER 14. Maiden Name Clifford Hardison
15. Birthplace Ga.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Lt
Location Balto Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Monument St

19 APR 29 1943 (b) Huntington Williamsport Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943 to April 27 1943 and that I last saw h[illegible] alive on April 27 1943

Immediate cause of death: generalized infection — Duration 6 days
Due to: 1. Impetigo 2. Chicken pox — 6 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Demetrius D. Troppis M. D.
Address Johns Hopkins Hospital Date signed 4/29/43

VS 180

C 03776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 03776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2532 E Oliver St
(c) Hospital or institution: q

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 E Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Clemens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Christina Clemens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 1st 1868

8. AGE: Years	Months	Days	If less than one day
74 75	11	27	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business St James Church

FATHER
12. Name John Clemens
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Esfelt
15. Birthplace Germany.

16 (a) Informant Leo Clemens
(b) Address 2500 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 1 (day) 43 (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 701-03 N Patterson Park Ave

19 (a) APR 29 1943 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28th 1943, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1943 to 4/28 1943.
and that I last saw h. alive on 4/28 1943.

Immediate cause of death Hypertensive Heart Disease ?

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Max Baum M.D.
Address 1501 N. Milton Ave Date signed 4/30/43

correct age is especially important. Physicians, please write plainly and fill out every item.

C 03777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. C 03777

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 557 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 557 Hollins St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bettie Jane Rose

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Loyalhanna Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Mary Scott
15. Birthplace Va

16 (a) Informant Anna Neal
(b) Address 894 Lytton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Adolphus Hall
(b) Address 918 E. Fayette

APR 29 1943 (b) Registered by Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26/43 19 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18/43 to 4/26/43 and that I last saw [illegible] alive on 4/26/43.

Immediate cause of death Pneumonia

Duration

Due to Coronary Thrombosis

Due to Hardening

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Hilton Sloan M.D.
Address 607 Park Ave Date signed 4/27/43

C 03778

BALTIMORE CITY HEALTH DEPARTMENT ✓ C 03778

CERTIFICATE OF DEATH 46F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Shields Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Balto. ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Shields Place
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	married

6 (b) Name of husband or wife James Riley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febb. 11, 1899

8. AGE: Years	Months	Days	If less than one day
43	7	15	hr. min.

9. Birthplace Clarkton N. C.
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Silvey Mears
13. Birthplace N. C.

MOTHER
14. Maiden Name Arcenia Baldwin
15. Birthplace N. C.

16 (a) Informant James Riley
(b) Address 9139 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Clarkton
Location Clarkton N. C.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Orchid Hill Ave.

19 (a) APR 29 1943 (Registrar's signature) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 26, 1943 at 5P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942 to Apr. 26 1943 and that I last saw h[illegible] alive on Apr. 26 1943.

Immediate cause of death — Duration

Carcinoma of the liver 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Watts M. D.
Address 515 Hollins Date signed 4/27/43

VS 180

C 03779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

C 02369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caden & Wilkins Ave
(c) Hospital or institution: St Agnes Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4128 Edmondson ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Girl Keenan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married~~, ~~widowed~~, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 7 days | If less than one day: hr. min.

9. Birthplace St Agnes Hospital — City
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Keenan
13. Birthplace Penna.

MOTHER
14. Maiden Name Eva McCaleg
15. Birthplace Maryland

16 (a) Informant Edward Keenan
(b) Address 4128 Edmondson ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/29/43 (month) (day) (year)
(c) Cemetery or crematory Galena
Location Galena Maryland

18 (a) Funeral director Maggie L. Williams
(b) Address Chestertown - Maryland

19 (a) APR 29 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1943, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1943 to 4-28 1943, and that I last saw h in alive on 4-28 1943

Immediate cause of death

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Garrison M. D.
Address St Agnes Hosp Date signed 4-29-43

VS 150

C 03780

BALTIMORE CITY HEALTH DEPARTMENT ✓ C 03780 Registered No.

CERTIFICATE OF DEATH 124B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 Hutchins Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ✓ 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and also town)
(d) Street No. 424 Hutchins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jefferson Walker

3 (b) If veteran, name war —
3 (c) Social Security Account No. " " "

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1881

8. AGE: Years 62 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Charlottesville, Va. (Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Walker
13. Birthplace Charlottesville Va.

MOTHER
14. Maiden Name Malinda Hickna
15. Birthplace Charlottesville, Va.

16 (a) Informant Jane Walker
(b) Address 424 Hutchins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Lowery, Md.

18 (a) Funeral director Mrs. George W. Howland
(b) Address 1681 Druid Hill Ave.

19 (a) [redacted] (Signature of registrar) (b) Huntington Williams, M.D.
4-29-1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-43 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1943, to 4/26 1943, and that I last saw him alive on 4/26 1943.

Immediate cause of death: Cardiac Failure
Due to Fibro-Calcerous and Terminal Pneumonia
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. R. Blake M. D.
Address 1327 N. Central Ave. Date signed 4-29-43.

C 03781

AB- 81073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

C 03781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Bruna St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7- 1920

8. AGE: Years	Months	Days	If less than one day
23	1	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edward Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Md.

16 (a) Informant Edward Johnson
(b) Address 604 Bruna St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore Md.

18 (a) Funeral director Mrs. Lew. A. Holland
(b) Address 1631 Druid Hill Ave.

Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1943 at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1943 to 4-27 1943, and that I last saw h alive on 4-27 1943.

	Duration
Immediate cause of death Pneumonia	7
Due to Ataxia, organic cerebral	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Rathbun M. D.
Address Balto. City Hosp. **Date signed** 4-28-43

VS 150

C 03782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30 ✓

Registered No. C 03782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pennie Cherry Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-6807

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1910

8. AGE: Years	Months	Days	If less than one day
32	4	26	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business American Sugar Refinery

FATHER
12. Name Unknown
13. Birthplace D. C.

MOTHER
14. Maiden Name Janie Phillips
15. Birthplace D. C.

16 (a) Informant Bessie Appleton
(b) Address 1810 E. Biddle St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 30, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Rocky Mount N Carolina

18 (a) Funeral director Mrs Robert A Elliott & Dept
(b) Address 1129 N. Carolina St.

19 APR 29 1943 Harrington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1943 at 5:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage Spontaneous
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

03783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51c

Registered No. 03783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3353 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3353 Greenmount
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Rubelman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4085

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 26 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto., Md. (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Samuel [illegible] Rubelman
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie Specter
15. Birthplace Russia

16 (a) Informant Samuel Rubelman
(b) Address 3353 Greenmount Ave

17 (a) Interment (Burial, cremation, or removal)
(b) Date thereof 4-29-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wash Blvd.
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 APR 29 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-43, 19 43, at 7 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1941, to April 29 1943, and that I last saw h im alive on April 28 1943.

Immediate cause of death: Metastatic Teratoma — Duration: Since 1941.

Due to: Teratoma Testicle.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation April 1941.

Major findings of operations: Teratoma testicle.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Marcus, M.D.

Address 2314 W. North Ave Date signed 4/29/43 M. D.

03784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. 03784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Re 3309 Piedmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3 (a) FULL NAME Regina Reinemann

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Isaac
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation ____
11. Industry or business ____

MOTHER / FATHER
12. Name Aaron Heimberger
13. Birthplace Germany
14. Maiden Name Frederick
15. Birthplace Germany

16 (a) Informant Mrs Sophia
(b) Address 3309 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (month) (day) (year)
(c) Cemetery or crematory Oheb Sholom
Location Odonell St

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Balto. St

19 APR 29 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28- 1943 at 1119 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1943 to 4/28 1943.
and that I last saw h alive on 4/28 1943.

Immediate cause of death Coronary thrombosis — Duration 4 hrs

Due to ____

Due to ____

Other Conditions Angina Pectoris

(Include pregnancy within 3 months of death)
Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Otto Heimberger M. D.
Address 761 Eastern Ave
Date signed 4/29/43

For D.R.F. Graham
Per Howard J. Wilson, M. D.

VS 150

HEALTH DEPARTMENT—CITY OF BALTIMORE

03785

CERTIFICATE OF DEATH

No. 03785

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. Belvedere ave St., W 7-8 Ward) 1937 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Bahlke If U. S. Veteran specify WAR

(a) Residence: No. 906 E. Belvedere ave St., Ward SS. 116-09-0277

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Grace M. Bahlke

6. DATE OF BIRTH (month, day, year) Feb. 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Distr. Mngr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Co. Metropolitan Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. Bahlke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Leonhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Grace M. Bahlke

(Address) 906 E. Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 5/1/43 19

19. UNDERTAKER Wm. J. TICKNER & SONS

(Address) Baltimore, Md.

20. FILED 19 Huntington Williams, M.D. Registrar.

MAY 01 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1942 to April 28, 1943

that I last saw alive on April 28, 1943 Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	
Myocardial failure	March 43
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Norwood M. D.

(Address) 5101 Woodside Road

C 03786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eutaw Avenue
(c) Hospital or institution:
Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Eutaw Ave. - Jenkins Memorial
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3 (a) FULL NAME Mrs. Catherine Cahill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec - 6 - 1869

8. AGE: Years	Months	Days	If less than one day
73	4	21	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name James Bradley
13. Birthplace Ireland

MOTHER
14. Maiden Name Marie Fahny
15. Birthplace Ireland

16 (a) Informant Harry Cahill
(b) Address Pot Spring Rd - Fullerton P.O.

17 (a) Burial (b) Date thereof 4-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Bunk
(b) Address 5305 Harford Rd.

201943 (b) by registrar Thomas J. Williams, Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943 at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1942 to 7/27 1943 and that I last saw h[illegible] alive on 7/27/1943.

Immediate cause of death Arteriosclerotic C-V-D

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowland, M.D.
Address 1 Eutaw Place Date signed 4/29/43

C 03787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182c

Registered No. C 03787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 O'Donnell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Le Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 27 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) APR 27 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

100852

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1943 at 10:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation — Duration

Due to Casual & unintentional

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert A. Graham M.D. (Medical Examiner)
Date signed April 1 1943

C 03788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 E.

C 03788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Bolton St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltcity.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Bolton St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Markell Falconer

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Chas. E. Falconer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jany. 29 1859

8. AGE: Years	Months	Days	If less than one day
84	2	30	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Charles Markell
13. Birthplace Frederick-Md

MOTHER
14. Maiden Name Charlotte Trail
15. Birthplace Frederick-Md.

16 (a) Informant Miss Mary Falconer (dtr)
(b) Address 1630 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Sherwood Morgan Co.
(b) Address 1848 Madison

19 (a) (Registrar's signature) (b) Registrar

APR 29 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 28 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1943 to Apr 28 1943, and that I last saw h[er] alive on Apr 27 1943.

Immediate cause of death: Myocardial Insufficiency. — Duration: 10 days

Due to:

Due to:

Other Conditions: Arteriosclerosis, Hypertension.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. E. Falconer M. D.
Address 9 E Chase St. Date signed 4/29/43

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

C 03789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 W Registered No. C 03789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Pelham Avenue
(c) Hospital or institution: Home 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Pelham Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3 (a) FULL NAME NELLIE (MARGARET CAROLINE) RITTER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband XXXX Clarence W. Ritter
6 (c) If alive, give age XX years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1875

8. AGE: Years 64 | Months 8 | Days 18 | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Partner-C.W.Ritter
11. Industry or business Florist Business

FATHER
12. Name Christian F. Kraeter
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Emmel
15. Birthplace Germany

16 (a) Informant Mrs. Leonie Kinnier (Sister)
(b) Address 2209 Pelham Ave., Balto., Md.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Apr- -1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Green Mount at Oliver Streets.

18 (a) Funeral director Stewart & Mowen Company
(b) Address [illegible] (W.F. Wooden-Suc.)

19 (a) _____ (Date rec'd by registrar) (b) Huntington Hillman, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943 at 10 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1943, to April 28 1943, and that I last saw her alive on April 27 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days
Due to: Bronco Pneumonia — 2 days
Due to: Arteriosclerosis — 1 yr
Due to: Hypertension — 1 yr
Due to: Chronic Interstitial Nephritis — 1 yr
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hon. PO Stevens M. D.
Address 2878 Harford Rd Date signed 4-28-43

correct age is especially important if any

VS 8

C 03790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X C 03790 Registered No. 168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob G. Miller

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 17 1897

8. AGE: Years 45 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Luther J. Hileon
13. Birthplace Balto.

MOTHER
14. Maiden Name Ida Baldwin
15. Birthplace Balto.

16 (a) Informant Jacob G. Miller
(b) Address North Pt. Rd & Hebbville Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Ext.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) APR 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27- 1943, at 9:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions Hemorrhage into fossa, medulla & cerebellum

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide?
(b) Date of occurrence 4-27-43 at 6:30 P.M
(c) Where did injury occur? Town — North Point Rd — Dundalk
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury Probably blunt force?

23. Signature Howard J. Truesdell M.D.
Medical Examiner.
Date signed 4/27/43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cape May Road, Box 232
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CORNELIUS SCANNELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary V. Scannell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1898

8. AGE: Years	Months	Days	If less than one day
44	8	6	hr. min.

9. Birthplace Catonsville, Md.
(Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Glen L. Martin Co.

FATHER
12. Name Cornelius Scannell (dead)
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Sweeney (dead)
15. Birthplace Ireland

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director A. Lee Odes
(b) Address 4644 York Rd.

19 (a) (b) Huntington Williams, Registrar

APR 29 1943

VS 250

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH April 27, 1943, at 6:06 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8, 1943, to Apr. 27, 1943 and that I last saw him alive on Apr. 27, 1943.

Immediate cause of death Acute Tuberculosis; pneumonia bilateral — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: -

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. J. S. Mann
Address Baltimore, Md. Date signed 4/27/43 M.D.

Va. 12999

03792 432477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

03792 Registered No. 54B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town BINGHAMTON (If outside city or town limits, write RURAL and give town)
(d) Street No. Hotel BINGHAM (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Goldie Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 - 25 - 17

8. AGE: Years	Months	Days	If less than one day
25	8	3	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business

FATHER
12. Name PERRY Rose
13. Birthplace N.Y.

MOTHER
14. Maiden Name FLORENCE LUTHER
15. Birthplace NY

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 1 - 43 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cem
Location Brandt & Bingham Rd

18 (a) Funeral director John E Miller Inc
(b) Address 2435 E Oliver St

19 (a) Registrar Huntington Williams

APR 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 28 1943, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 3 1943 to APR 28 1943, and that I last saw h.e.R alive on APR 28 1943

Immediate cause of death
Brain Tumor - Glioblastoma 3rd ventricle
Due to Ependymoma
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 5, 1943
Major findings of operations Tumor
of autopsy: Same

Duration
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address J. H. H. Date signed 4/29/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03793
#33377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

C 03793
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Bristol Tenn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 2nd Enderson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sara Rockett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Craig M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-92

8. AGE: Years	Months	Days	If less than one day
50 51	10	7	hr. min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alexander Keebler
13. Birthplace Tenn.

MOTHER
14. Maiden Name Addie Torbett
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 4 29 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Bristol Tenn.

18 (a) Funeral director Philyp Herring Sons
(b) Address 224 Orleans St

19 (a) APR 29 1943 (b) Huntington Williamsport
(Date of registrar)

VS 180

MEDICAL CERTIFICATION 3 2

20. DATE OF DEATH April 29 1943 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to April 29 1943 and that I last saw her alive on April 29 1943.

Immediate cause of death Carcinoma, of breast, with visceral metastases.

Due to

Due to

Other Conditions Terminal renal shutdown, or obstruction
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hope L Worrest
Address The Hopkins Hospital Date signed 4/29/43

03794
T.N 81200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C 03794

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Durham

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 19, 1912

8. AGE: Years	Months	Days	If less than one day
30	6	10	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel Fairfield

FATHER
12. Name J.A. Durham
13. Birthplace Va.

MOTHER
14. Maiden Name Ambrosia Hill
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof P (month) (day) (year)
(c) Cemetery or crematory
Location DANVILLE VA

18 (a) Funeral director Wm J Tedesco & Son
(b) Address North & Penn Ave

19 (a) APR 30 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27- 1943 to 4-29- 1943, and that I last saw him alive on 4-29- 1943.

Immediate cause of death meningococcal meningitis — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify in public place)
(e) Means of injury

23. Signature Paul Schneider M. D.
Address Balto City Hosp Date signed 4-29-43

VS 150

C 03795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 D

C 03795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos. 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3919 Belview Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY CLARE SPEIGHTS

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp. Am.	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Katherine E. Speights
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business "

FATHER
12. Name Thomas J. Speights
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Walker
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Catonsville Md.

18 (a) Funeral director Wm Cook Sons.
(b) Address 217 St Paul Street

19 (Date received) APR 30 1943 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 28, 1943, at 9:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12, 1943, to Apr. 28, 1943, and that I last saw him alive on Apr. 28, 1943.

Immediate cause of death: Generalized arteriosclerosis with marked nephrosclerosis;
Due to: Syphilitic aortitis and syphilitic aortic valvular heart disease
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Some-time

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. S. Braun M. D.
Address Baltimore, Md. Date signed 4/29/43

VS 250

Va-12741

03796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

C 03796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Glengyle Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME RISDON STAMBAUGH

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie Stambaugh
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	6	- hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business "

FATHER
12. Name Harry Stambaugh
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Armocast
15. Birthplace Md.

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1- 43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director William Cook Jos
(b) Address 1217 E. Lanvale St.

19 APR 30 1943 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1943, at 5:45 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Mar. 9, 1943 to Apr. 28, 1943, and that I last saw him alive on Apr. 28, 1943.

Immediate cause of death Bronchopneumonia bilateral — Duration 3 days

Due to Carcinoma of the tongue with local extension and metastases to cervical lymph nodes — 10 mos.

Due to

Other Conditions Arteriosclerosis generalized with nephrosclerosis, and fusiform aneurysm of abdominal aorta

Date of operation 3/10/43 Ligation of Rt. external carotid

Major findings of operation: Carcinoma of hypopharynx and base of tongue

Duration of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. U. S. Dean M. D.
Address Baltimore, Md. Date signed 4/29/43

44818

03797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Woodbourne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances L. Bowerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband George S. Bowerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1875

8. AGE: Years	Months	Days	If less than one day
67	10	7	hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Walter Bennett
13. Birthplace Boston, Mass.

MOTHER
14. Maiden Name Hattie Z.
15. Birthplace Boston, Mass.

16 (a) Informant George Holmes Bowerman
(b) Address Phila. Pa.

17 (a) Burial (b) Date thereof 5/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) APR 30 1943 (b) Huntington Williams M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1943 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4th. 1943, to Apr. 28th. 43, and that I last saw h. 9X alive on Apr. 27th. 1943.

Immediate cause of death Leukemia — Duration 6 mos.

Due to ------

Due to ------

Other Conditions ------

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. W. Margetson M.D.

Address 401 E. 25th. St. Date signed 4/29/43.

C 03798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 03798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 St. Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs 12 "
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 St. Paul St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Morgan Flack

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife James H. Flack Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/29/1874

8. AGE: Years	Months	Days	If less than one day
68	9	29	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Wm. B. Morgan
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth B. Frame
15. Birthplace Washington D.C.

16 (a) Informant James H. Flack Jr
(b) Address 2921 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 (month) (day) (year) 1943
(c) Cemetery or crematory Greenmount
Location Greenmount Ave & Oliver Sts

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1940 Eutaw Place

19 (a) APR 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943, at 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon (Autopsy or inquiry) and from the evidence obtained by said Autopsy & Inquiry (Autopsy or inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Arteriosclerosis	
(b) Cardiac Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 28 1943

VS 6

C 03799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58D

C 03799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 N Stricker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lilen B. Cooper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Willie J. Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1923

8. AGE: Years	Months	Days	If less than one day
19	4	25	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Brown
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Leona Thomas
15. Birthplace Balto. Md.

16 (a) Informant Willie J. Cooper
(b) Address 501 N. Stricker St.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof April 30 - 43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) APR 30 1943 (Date rec'd by registrar) Katie R. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from April 25 1943 to April 27 1943.
and that I last saw [illegible] alive on April 27 1943.

Immediate cause of death
(a) Endocarditis
Due to (b) Rheumatic Fever
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 mos
6 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed April 30 1943

VS 3

03800 BALTIMORE CITY HEALTH DEPARTMENT 03800

MJ-81091 CERTIFICATE OF DEATH 193D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Hollins Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-6314

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married, wife deceased.

6 (b) Name of husband or wife Myrtle Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1881

8. AGE: Years 61 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Watchman on Boats

11. Industry or business

FATHER
12. Name James Leonard
13. Birthplace Ireland

MOTHER
14. Maiden Name Kate Smith
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto. Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1422 Light St

19 (a) APR 30 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar) (year)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1943 at 330 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21- 1943 to 4-22- 1943 and that I last saw h[illegible] alive on 4-22- 1943.

Immediate cause of death hypertensive cardiovascular disease — Duration yrs

Due to generalized arteriosel. yrs

Due to

Other Conditions acute pulmonary edema 1 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schmidlapp M. D.
Address Balto City Hosp Date signed 4-24-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579 Registered No. C 03801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2012 N. Fulton Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] Sharon Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19-1943

8. AGE: Years | Months: 2 | Days: 10 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Earl B Jones
13. Birthplace Clarksburg W. Virginia

MOTHER
14. Maiden Name Jessie May Nuttee
15. Birthplace Century West Virginia

16 (a) Informant Earl B. Jones
(b) Address 2012 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-1943 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore

18 (a) Funeral director Jennie Cook Lyper
(b) Address 1600 W. North Ave

19 APR 30 1943 (b) Huntington Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Congenital Malformation of Duodeno-Intestinal Tract — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Butts M. D.
Address Univ Hospt Date signed 4-29-43

PRESS WHITE PRINTING WITH UNFADING INK. Entry of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03802

C 03802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1218

PLEASE WRITE PLAINLY. Physicians: Please fill in all items. Use ditto marks only when they will make the correct entry. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Please write plainly. Physicians: please fill in all items. Use ditto marks only when they will make the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Caroline St.

(c) Hospital or institution: St. Joseph's Hospital 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ****

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 16

(d) Street No. 2651 Harlem Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel E. Hemp.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Helen R. Hemp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1872

8. AGE: Years 71 | Months 2 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Gas & Electric Co.

FATHER

12. Name Frederick Hemp

13. Birthplace Balto. Co. Md.

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. Elizabeth C. Lynch

(b) Address 1720 Lynch Rd. Dunalk Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1943 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto. Co. Md.

18 (a) Funeral director George W. Little

(b) Address 2709 Edmondson Ave.

19 APR 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943, at 1.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943, to April 28 1943, and that I last saw h[illegible] alive on April 28 1943.

Immediate cause of death: Chronic Nephritis

Due to

Due to

Other Conditions: Cystitis, Prostatic Hypertrophy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William H. Fuelling M. D.

Address St. Joseph's Hosp. Date signed 4-30-43

VS 3

03803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C 03803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1636 N. MONROE St.

(c) Hospital or institution:

15-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 36 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1636 N. MONROE St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENA GREENBERG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife MAX

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 Months Days If less than one day hr. min.

9. Birthplace RUSSIA (town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name SAMUEL

13. Birthplace RUSSIA

MOTHER 14. Maiden Name LEIBA CHAIA

15. Birthplace RUSSIA

16 (a) Informant MRS. GROSCUP

(b) Address 1636 N. MONROE St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-30-43 (month) (day) (year)

(c) Cemetery or crematory ROSEDALE

Location Philad. RD. + HAMILTON AVE

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balto. St.

19 APR 30 1943 (Date rec'd by Registrar) Hunter for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-43 19 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to April 28 1943 and that I last saw her alive on April 27 1943

Immediate cause of death Acute Cardiac Failure

Due to pulmonary edema

Due to Chronic Myocarditis

Other Conditions Diabetes Mellitus

Duration 1 day / unknown / 4 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Cohnman M.D.

Address 1931 W North Ave Date signed 4/29/43

0380 3382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03804

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Sparrows Rint
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 E. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine McCardell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-18

8. AGE: Years	Months	Days	If less than one day
24	4	0	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation TEACHER
11. Industry or business

FATHER
12. Name Joseph H McCardell
13. Birthplace Md

MOTHER
14. Maiden Name Gretta Bridges
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Oxford Cemetery
Location Oxford, Maryland.

18 (a) Funeral director Thos. F. Gough & Son
(b) Address 941 Hollins St.

19 APR 30 1943 (Filed for record) Huntington Willis Registrar of Vital Statistics

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 29 19 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 21 1943 to APR 29 1943, and that I last saw h. alive on APR 29 1943

Immediate cause of death: Brain Hemorrhage } Duration 1 hr
Brain Abscess

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 29, 1943
Major findings of operation: Brain Abscess
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address J.H.H. Date signed 4/29/43

C 03805

Lephardt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

C 03805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-6-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Calloway Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rhoda Elsie Lefhardt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. — —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1937

8. AGE: Years 5 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore - Maryland
(Town, county, and state)

10. Usual Occupation Student at School

11. Industry or business

FATHER
12. Name Albert V. Lefhardt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ruth E. Jacobi
15. Birthplace Corona - Long Island N. Y.

16 (a) Informant Albert V. Lefhardt
(b) Address 3825 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-43 (months) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Harry N. Arnacost
(b) Address 4204 Riddlemoor Blvd Huntington Woods Md

19 APR 30 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1943, at 3:45 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions Fractured ribs, ruptured liver, lacerated lungs & bruised brains.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 4/29/43 at 3:15 P.M. 15/10

(b) Where did injury occur? Harrison Ave & Cold Spring Lane

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Pedestrian struck by auto truck

23. Signature Howard J. Cleveland M.D.
Medical Examiner.

Date signed 4-30-43

VS 151

03806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87C Registered No. 03806

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6238 Belair Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6238 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME SALLY ELLEN ENGLAND

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	female	white	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct.16.1872

8. AGE: Years	Months	Days	If less than one day
70	6	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name John H. England
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A. Lewis
15. Birthplace Baltimore

16 (a) Informant Mrs. Andrew German
(b) Address 6238 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May.1.1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) APR 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr.28.1943 at 8.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1941 to Apr 28 1943, and that I last saw her alive on April 28 1943.

Immediate cause of death Myocardial Insufficiency — Duration 2 wks
Due to Paralysis Agitans — 2 yrs
Due to Arterio-Sclerosis — 4 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Zeman M.D.
Address 1 W. Oversea Ave. Date signed 4/29/43

FEMALE WHITE PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. C 03807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3945 Frisby St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Botzler Wilson –

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-9230D

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	White	Widowed –

6 (b) Name of husband or wife James H. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	24	hr. min.

9. Birthplace Baltimore, Maryland (town, county, and state)
10. Usual Occupation Home wife –
11. Industry or business

FATHER
12. Name John Botzler –
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Poppe
15. Birthplace Germany –

16 (a) Informant Mrs. V. Wilson –
(b) Address 3945 Frisby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1943 (month, day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Hines Saunder & Sons Inc
(b) Address North West Broadway

19 (a) APR 30 1943 (Date rec'd by Registrar) [illegible] for Nathaniel R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1943, at 1 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1943, to 4-28 1943, and that I last saw h er alive on 4-27 1943.

Immediate cause of death: Post Operative Shock, Heart Failure –
Due to: Intestinal Obstruction
Due to: Strangulated Femoral Hernia, Right –
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-24-43
Major findings of operation: Strangulated Femoral Hernia, Intestinal Obstruction
of autopsy.

Duration
4 days.
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature. W. Christley Jr. M. D.
Address Church Home & Infirmary Date signed 4-28-43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any item not known should be so stated. Please see that your answer to each question is complete and correct as far as your information goes. Do not leave any blanks except where directed to do so. Be sure that the age, color, and place of death are correctly stated. Physicians: please write the causes of death clearly and legibly. Please write the age is especially important.

03808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

C 03808 Registered No.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: E. Monument St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen C. Hane

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: F

5. Color or race: wh.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Samuel J. Hane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1878

8. AGE: Years 65 64yrs | Months 3 Mo | Days 21 Da. | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home work at Home

11. Industry or business

FATHER 12. Name James Gordon

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mat Known

15. Birthplace ? ?

16 (a) Informant John J. Hane (Son)

(b) Address 915 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location E. from the Gate

18 (a) Funeral director Edwin W. Caddis & Son

(b) Address 924 E. Eager St.

19 (a) APR 30 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1943, to Apr. 29 1943, and that I last saw h.er alive on Apr. 29 1943.

Immediate cause of death: Peritonitis — Duration: 5 days

Due to Diverticulitis of Sigmoid with perforation

Due to Diverticulosis of sigmoid

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: April 29, 1943

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Jacobs M. D.

Address Sinai Hospital Date signed 4/29/43

VS 3

C 03809 J-80946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 03809

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPTIALS 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 St. Mary's St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oliver Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18752 1865

8. AGE: Years	Months	Days	If less than one day
78	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old age Pension
11. Industry or business

FATHER
12. Name Noah Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Mariah Johnson
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.
18 (a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill Ave.
19 (APR 30 1943) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1943 to 4-25 1943 and that I last saw him alive on 4-25 1943

Immediate cause of death	Duration
Intracranial hemorrhage	?
Due to Generalized arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Adelhum M. D.
Address Balto. City Hosp Date signed 4-27-43

VS 180

03810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03810
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4003 Groveland Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Groveland Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Geise

3 (b) If veteran, name war

3 (c) Social Security Account No. ******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank A. Geise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1858

8. AGE: Years	Months	Days	If less than one day
84	5	27	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name Jacob A. Codore
13. Birthplace France

MOTHER
14. Maiden Name Barbara Weigle
15. Birthplace France

16 (a) Informant Mrs. Charles H. Rock
(b) Address 4003 Groveland Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (PR 30 1943) (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943 to April 27 1943 and that I last saw her alive on April 27 1943.

Immediate cause of death: Arteriosclerotic Hypertensive Cardiovascular Disease — Duration: 20 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kamman Jr. M.D.
Address 5901 York Rd. Date signed 4/29/43

VS 180

03811 432831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 21B

Registered No. C 03811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 S. Decker Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA E. SMEATON (Correct name as per Husband) Anna E. Smeton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife FRANK

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 6-12-94

8. AGE: Years 48 | Months 10 | Days 17 | If less than one day hr. min. 5

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name OSCAR YOUNGHANGEL
13. Birthplace Md

MOTHER 14. Maiden Name CATHERINE DEIN
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John A. McGraw
Address 3010 E. Baltimore St.

APR 30 1943 (Date rec'd by registrar)

19 (a) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1943, at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1943 to Apr 27 1943, and that I last saw her alive on Apr 27 1943.

Immediate cause of death: Pericarditis, tuberculous — Duration: 6 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Some

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 4/28/43

VS 180

C 03812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164C

C 03812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 East Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL J LEESON

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓ none

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Kathryn A
6 (c) If alive, give age 46 yrs 5 mo

7. Birth date of deceased (mo., day, yr.) 4/9/1894

8. AGE: Years 48 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Waste Material
11. Industry or business Business

FATHER
12. Name James J. Leeson
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary
15. Birthplace Ireland

16 (a) Informant Mrs Kathryn A. Leeson
(b) Address 333 Belvedere ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John J. Horan
(b) Address 4204 Greenmount Ave

19 (a) 4/30/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943 at 8 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 28, 43 at 8 am M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury Revolver

23. Signature H. Z. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 4-28-43

(over)

VS 6

03813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 03813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Catonsville 762 Charing Cross Rd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 762 Charing Cross Rd., Catonsville
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS PATRICK KENNEDY

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary Rose Kennedy
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) Jan. 18, 1897
8. AGE: Years 46 | Months 3 | Days 10 | If less than one day - hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business -

FATHER
12. Name John Kennedy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Callahan
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery Co.
Location Woodstock
18 (a) Funeral director John G. McKean
(b) Address 4201 Greenmount Ave.
19 (a) 4/29/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28, 1943, at 8:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22, 1943, to Apr. 28, 1943, and that I last saw him alive on Apr. 28, 1943.

Immediate cause of death: Advanced combined chronic glomerulonephritis and nephrosclerosis; marked edema & congestion of both lungs terminal — Duration: Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: As above

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature (M.D.) J. Tilden
Address Baltimore, Md. Date signed 4/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

Va 13068

03814

AB- 80864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03814

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 E. 41st., Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Sands

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1882

8. AGE: Years	Months	Days	If less than one day
61	--	2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation D.P.W.

11. Industry or business

FATHER

12. Name Lawrence Sands

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary White

15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Loath

Location Old Frederick Rd.

18 (a) Funeral director John A. Mohan

(b) Address 4761 Frankford Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/ 1943 at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1943 to 4/28 1943 and that I last saw h[illegible] alive on 4/28 1943.

Immediate cause of death	Duration
Carcinomatosis	7
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Goodman M. D.

Address Baltimore City Hosp. Date signed 4/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

C 03815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. C 03815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 N. Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Montford Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Elizabeth MacKenzie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1858

8. AGE: Years	Months	Days	If less than one day
84	8	29	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Phillip

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Alice Mae Kenzie

(b) Address 1708 N Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North Ave. - Bloomfield

18 (a) Funeral director John O. Miller Jr.

(b) Address 2425 E. Oliver St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29/43 19 at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1943 to 4/29 1943, and that I last saw h[illegible] alive on 4/29 19

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Bauer

Address 1501 N. Milton Ave Date signed M. 4 D. 30 43

VS 150

FILING WITH REGISTRAR WITHIN TEN DAYS AFTER DEATH IS REQUIRED BY LAW. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

C 03816

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1943

C 03816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calow Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Woodlawn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane Ruth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chas. F. Ruth

6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Nov 19-1878

8. AGE: 64 Years | Months: 5 | Days: 29 | If less than one day: 10 hr. min.

9. Birthplace: Balto, Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER 12. Name: Andrew J. Pardoe

13. Birthplace: Md

MOTHER 14. Maiden Name: Elizabeth Berry

15. Birthplace: Md

16 (a) Informant: Virginia Watkins Chester

(b) Address: Eldridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-43 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral

Location: Md

18 (a) Funeral director: John A. Tegeder

(b) Address: 1742 Lord Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943, to April 29 1943, and that I last saw h alive on April 28 1943.

Immediate cause of death: Acute Cardiac decompensation

Due to: Hypertension - Myocarditis - Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: Months 1 Days 4

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frederick V. Porter

Address: April 30-43 Date signed

19 W Preston Ave M. D.

Grace Weibe

C 03817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C 03817

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens - Caton Aves.
(c) Hospital or institution: St. Agnes Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Stafford St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Grace Weibea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Herman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. - 1891

8. AGE: Years 51 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Houck
15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1943 (month) (day) (year)

(c) Cemetery or crematory Loyalton Park

Location Frederick Ave

18 (a) Funeral director Harry D. Wikle

(b) Address 4401 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 4/27 1943, and that I last saw h[illegible] alive on 4/26 1943.

Immediate cause of death Acute pancreatitis

Duration

Due to

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Clifton Tenney

Address St. Agnes Hosp Date signed 4/28/43

C 03818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1090

Registered No. C 03818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E. 35th St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Kellner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1942

8. AGE: Years	Months	Days	If less than one day
	8	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Irwin Kellner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Josephine Frink
15. Birthplace Baltimore

16 (a) Informant Irwin Kellner.
(b) Address 718 E. 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M. Frank & Son
(b) Address 811 N. Howard St

APR 30 1943

(b) [illegible] for Williams Mortuary

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1943 to April 29 1943, and that I last saw h[illegible] alive on April 29 1943.

Immediate cause of death Cardiac insufficiency with pulmonary edema. — Duration 4 hrs.
Due to Virus pneumonia — 4 days
Due to
Other Conditions Bronchial circulatory collapse
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Brennan M. D.
Address Date signed

PRINT WITH PENCIL, WRITE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

C 03819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

15 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2526 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Mrs Amelia Klein

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 9 1868

8. AGE: Years 75 | Months 2 1 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland (town, county, and state)
10. Usual Occupation Saleslady (OWN)
11. Industry or business Saleslady (Pickle Business)

FATHER
12. Name Bernard Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Keil
15. Birthplace Germany

16 (a) Informant Nephew Jesse Range
(b) Address 440 E Lexington St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 30 1943 (Date rec'd by registrar)

(c) Washington Williams M.D. physician

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 5 04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1943, to April 29 1943, and that I last saw h[illegible] alive on April 28 1943

Immediate cause of death Adenocarcinoma of ascending colon with generalized metastases — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/9/43

Major findings of operation: Adenocarcinoma of ascending colon with metastases.

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm David Bayford M. D.
Address Church Home & Hospital Date signed 4/29/43

VS 3

Correct age if apparently improperly. Physician: please write the causes of death clearly and legibly.

C 03820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1214

C 03820

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1731 Bolton St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Harrison De Courcy

3 (b) If veteran, name war: World War-1918

3 (c) Social Security Account No. 212-05-3750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6-1896

8. AGE: Years 46 | Months 4 | Days [illegible] | If less than one day: hr. min.

9. Birthplace New Hampshire (Portsmouth) (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business Boys Latin School

FATHER — 12. Name Wm. De Courcy

13. Birthplace New Hampshire

MOTHER — 14. Maiden Name Martha Trefethen

15. Birthplace New Hampshire (Kittery Me)

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-43 (month) (day) (year)

(c) Cemetery or crematory Kittery - Maine

Location

18 (a) Funeral director Wm Pepperell Sons

(b) Address Kittery Point Maine

Apr 30 1943

(b) [illegible] Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943 to April 29 1943 and that I last saw him alive on April 29 1943.

Immediate cause of death: Uremia — Duration

Due to: Renal insufficiency — Days

Due to: Renal arteriolar-sclerosis

Other Conditions: Hypertensive Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James Douglas Lockard M.D.

Address Union Memorial Hosp. 33rd & Calvert Date signed 4/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03831 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721-Harford Ave
(c) Hospital or institution: -- 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 35-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721-Harford Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE BRACK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Christian Brack
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 1/14/1864

8. AGE: Years	Months	Days	If less than one day
79	3	15	-- hr. ---------- min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? (Rothrock)
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Anna (?)
15. Birthplace Washington, D.C.

16 (a) Informant Christian Brack
(b) Address 1721-Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Av. & Rose St.

18 (a) Funeral director George D. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) APR 30 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29 1943. at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1943. to Apr 29 1943. and that I last saw h alive on Apr 29 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Chronic Arthritis for past 20 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Frahm M. D.
Address 1823 N. Wash st. Date signed 4/30/43

PLEASE WRITE PLAINLY with UNFADING INK. Any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mayor 03822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1639

Registered No. C 03822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen Hosp. 7 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 8½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Oakmont Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Molnar

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M.

6 (b) Name of husband or wife: Stefan Molnar
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 10/4/1891

8. AGE: Years	Months	Days	If less than one day
61	6	25	— hr. — min.

9. Birthplace: Hungary (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: Robert Hauer
13. Birthplace: Hungary

MOTHER
14. Maiden Name: ? Squkay
15. Birthplace: Hungary

16 (a) Informant: Barbara Molnar
(b) Address: 3511 Oakmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto Md.

18 (a) Funeral: George D. Pentz Inc
(b) Address: [redacted] Hartford Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 00 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Acute sodium fluoride poisoning

Due to: Roach powder

Other Conditions: Mental despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 29 1943 at 12 20 A M.
(b) Where did injury occur? 3511 Oakmont Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury: Ingested Roach powder

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed: April 29 1943

VS 151

C-03823 MJ-16225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 03823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs., 9 mos., 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1915

4-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Pratt St. Anchor Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank, Williams. Cross filed with James McCue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17, 1869

8. AGE: Years	Months	Days	If less than one day
74	1	8	hr. min.

9. Birthplace Providence, R. I. (Town, county, and state)
10. Usual Occupation Attendant
11. Industry or business

FATHER
12. Name Michael
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Glaney
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Park 43
Location German Hill Rd

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1318 Light St

19 (a) (Date rec'd by registrar) (b) Washington, Md. Registrar

APR 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-1943 at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939, to 4-25-1943, and that I last saw h alive on 4-25-1943.

Immediate cause of death Pulmonary tuberculosis — Duration 6 years

Due to

Due to

Other Conditions Arteriosclerosis — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. K. Baltzan M. D.
Address Balt. City Hosp. Date signed 4-30-1943

VS 180

03824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

C 03824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Bruce Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Sewell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1943

8. AGE: Years	Months	Days	If less than one day
			9 hr. 2 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nathaniel Sewell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mattie Bynum
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory

JOHNS HOPKINS MEDICAL SCHOOL APR 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 30 1943 (Signature of City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1943 to April 18, 1943 and that I last saw him alive on April 18, 1943

Immediate cause of death Prematurity — Duration

Due to Diabetes mellitus in mother

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip P. Stephens M. D.
Address Johns Hopkins Hospital Date signed 4-18-43

VS 2

10036

3825 MJ- 16152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 107

C 03825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) "26 yrs., 2 mos., 13 days 26
(e) Length of stay in Baltimore (yrs., mos., or days) since 1871

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Sykes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12 1866

8. AGE: Years	Months	Days	If less than one day
76 77	5	13	hr. min.

9. Birthplace Covenstown, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name David Sykes
13. Birthplace Bato ?

MOTHER
14. Maiden Name Mary J. Frederick
15. Birthplace Bato ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 30 1943 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-43 19 , at 6 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1931, to 4-23 1943, and that I last saw him alive on 4-23 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Generalized arteriosclerosis	
Due to (over)	
Other Conditions ? Mal. growth	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M.D.
Address B.C.H. Date signed 4-29-43

correct age is especially important. Physicians: please write the information requested in ink.

150

6037

C 03826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

C 03826

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Port Norris (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Berry Row, Port Norris, NJ (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM PINKNEY GROSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	COLXXX	MARRIED

6 (b) Name of husband or wife GRACIE TOOT
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1900

8. AGE: Years	Months	Days	If less than one day
42	5	5	hr. min.

9. Birthplace Calvert County, Maryland. (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Charles Gross
13. Birthplace Calvert County, Maryland.

MOTHER
14. Maiden Name Rosie Sutton
15. Birthplace Calvert County, Maryland.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Calvert Co.

18 (a) Funeral director P. G. Semmes
(b) Princess Frederick, Md.

19 (a) APR 30 1943 (Date rec'd by registrar) (b) Burial for William Gross

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1943 at 9:50a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1942, to April 30, 1943, and that I last saw him alive on April 30, 1943

Immediate cause of death	Duration
Inanition and malnutrition	7 mo.
Due to Adeno-carcinoma of stomach with metastases	7 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 26, 1942
Major findings of operation: Exploratory lap; abscess
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. S. Bean /M Surgeon
Address US Marine Hospital, Baltimore, Md. M. D.
Date signed 4/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X C 03827

160a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 Washington Blvd
(c) Hospital or institution: Dr Glass.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Life

2. USUAL RESIDENCE OF DECEASED Anne Arundel
(a) State Md. (b) County Balto Co.
(c) City or town Baltimore Brooklyn Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~826 Washington Blvd~~ 145 Meadow Rd
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jacqueline V. Scanlon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1943

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Joseph D Scanlon
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary V. Breeden
15. Birthplace Balto Md

16 (a) Informant Joseph Scanlon
(b) Address 145 Meadow Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto

18 (a) Funeral director A. J. Joseph Evans
(b) Address 1400 N. Charles St.

APR 30 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-1943, to 4-30-1943 and that I last saw h alive on 4-30-1943

Immediate cause of death: Cerebral Hemorrhage. — Duration 9 days
Due to: Spontaneous.
Due to: Extra Uterine
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Glass M.D.
Address 826 Washington Blvd Date signed 4/30/43

VS 3

C 03828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

C 03828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1161 W Fairmount Ave
(c) Hospital or institution: Sinai Zeman Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1161 W Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Siebert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Minnie Siebert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 20th 1856

8. AGE: Years 87 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Andreas Siebert
13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Steinenberg
15. Birthplace Germany

16 (a) Informant Sinai Zeman Aged Home
(b) Address 1161 W Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director F. B. Wiedefeld & Son
(b) Address 300 Eutaw Place

19 (a) (b)
(Signature of Registrar) Registrar

APR 30 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29th 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6/43 to Apr. 29/43. and that I last saw h. im alive on Apr. 27/43.

Immediate cause of death: Acute Cardiac Dilitation — Duration 5 min.
Due to
Due to Chronic Arterio-Sclerosis. Unknown.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Shaw
Address 923 Haven Date signed 4/30/43.

PRINT WHITE PRINCE, with typewriter. Physicians: please write the causes of death clearly and correct age is especially important.

433400

C 03829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

C 03829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2160 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James J. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-81

8. AGE: Years	Months	Days	If less than one day
62	1	9	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Michael Murphy
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Malone
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Jas. A. Finlay
(b) Address Fayette & Fremont

[illegible] 30 1943 (b) Filed [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to Apr 30 1943 and that I last saw him alive on Apr 30 1943.

Immediate cause of death	Duration
Uremia & Pulmonary edema	
Due to Kidney damage + Sclerotic heart + Hypertensive C.V. disease +	
Due to Fibromyoma fundus -	
Other Conditions Prob. acute small intestinal obstruction. Carcinoma of Sigmoid	

(Include pregnancy within 3 months of death)

Date of operation 4-21-43

Major findings of operation: Obstruction of small intestine, carcinoma of Sigmoid

Findings of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. A. Finlay M.D.

Address [illegible] Date signed 4-30-43

Please write plainly, with ink. Give occupation, even for children. Physicians: please write the causes of death clearly and legibly. Give correct age in each case. Every item is especially important.

C 03830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Fill in all blanks. Be sure that the information given is correct and complete. Use figures for dates of birth. Be sure that the age is correct. Do not abbreviate. Write out the full name of the city, town, or county. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1401 Bloomingdale Rd~~
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Bloomingdale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Bernard Nossell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0146

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Nossell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apl 12 1874

8. AGE: Years	Months	Days	If less than one day
68	9	16	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name J. Bernard Nossell Sr.
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Rasche
15. Birthplace Md

16 (a) Informant Mrs Margaret Nossell
(b) Address 1401 Bloomingdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Baltimore Md

18 (a) Funeral director George A Tyrell
(b) Address Fulton Ave & Fayette

19 (a) [redacted] 1943 Washington Williamsport Md
(b) [redacted] Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1943, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943, to 4/28 1943, and that I last saw him alive on 4/25 1943.

Immediate cause of death Toxemia and Uremia

Due to Pneumonia

Due to

Other Conditions (None)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rose K. Brooks
Address Mercy Hospital Date signed M. 4 D. 29/43

3831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. C 03831

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a undertaker to secure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 yr Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 yr Ashburton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James A. Donahue

3 (b) If married, name wife NONE

3 (c) Social Security Account No. 713-03-8150

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife Rachel B. Donahue

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Nov 30 1886

8. AGE: Years 56 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Philadelphia Penna (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Interior Decorator

FATHER
12. Name Bernard Donahue
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Ossey
15. Birthplace Philadelphia Penna

16 (a) Informant Rachel B. Donahue
(b) Address 16 yr Ashburton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Poplar Grove

18 (a) Funeral director Pratt & B. McWatters
(b) Address Pratt & Stricker St

MAY 1 – 1943 (Date rec'd by Registrar) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1943 at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to April 28 1943. and that I last saw h alive on 4/28 1943.

	Duration
Immediate cause of death 1. Coronary Thrombosis	6 hours.
Due to Arterio-Sclerosis	5 yrs. ?
Due to Heart Disease	
Other Conditions - Angina Pectoris	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Thomson M. D.
Address 4108 Liberty Hts Date signed 4/29/43

VS 150

03832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. C 03832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not leave blanks. If unknown, write "unknown." Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Mansel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Mansel St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Virginia Mills

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Williams H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 1900

8. AGE: Years	Months	Days	If less than one day
43	3	10	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter H Leathe
13. Birthplace Md

MOTHER
14. Maiden Name Lula Cullom
15. Birthplace Balto

16 (a) Informant Williams H Mills
(b) Address 1924 Mansel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Ridge
Location Knight Block

18 (a) Funeral director Edward J Mulcahy
(b) Address 2206 Wash Blvd

19 (a) MAY 1 1943 (Date received by local registrar) (b) Huntington Williams Md Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943 at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1943 to April 30 1943 and that I last saw her alive on April 29 1943.

Immediate cause of death Carcinoma of Larynx — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence , at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Mulcahy M.D.
Address 6821 Wash Blvd Date signed 4-30-43

03833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. C 03833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 N. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Be lto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Ida Koletschke

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1892

8. AGE: Years	Months	Days	If less than one day
50	10	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Theodore
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Ehmann
15. Birthplace Germany

16 (a) Informant Miss L. Koletschky
(b) Address 215 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/43 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Grindon Lane Harford Rd.

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

19 May 1 1943 Huntington Williams MD (Date received by local registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1943 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to April 27 1943, and that I last saw h[illegible] alive on April 27 1943.

Immediate cause of death — carcinomatosis —

Due to carcinoma of right ovary —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

Duration: Aug 7 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Louis F. Krumcan M. D.
Address 722 N. Kenwood ave Date signed 4/30/43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03834
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3668 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3668 Falls Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen May Ruby

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Oliver N. Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27-1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	5	2		

9. Birthplace Baltimore, Md. (City, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Albert Brooks
13. Birthplace Maryland

MOTHER
14. Maiden Name Celia L. Thilcoat
15. Birthplace Maryland

16 (a) Informant Arthur L. Ruby
(b) Address 3668 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Horace E. Burgee
(b) Address 3631 Falls Road

19 (a) MAY 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 9 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his query & his autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said his query & his autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed April 29 1943

VS 6

3835

JL - 80980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 03835
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals. 3 E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME George McCarter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Georgia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1880

8. AGE: Years	Months	Days	If less than one day
62	6	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Junk Collector
11. Industry or business Self

FATHER
12. Name Rolley (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Washington
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 29 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) MAY 1 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1943, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943, to 4-16 1943, and that I last saw h[illegible] alive on 4-16 1943.

Immediate cause of death: Lobar pneumonia. — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rattner M. D.
Address Balto. City Hosp. Date signed 4-23-43

VS 180

I 0038

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

C 03836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

C 03836

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital B
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S Exeter (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BUCKNER, Ruth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOT KNOWN

8. AGE: Years	Months	Days	If less than one day
1	20		hr. min.

9. Birthplace Union, S. Carolina (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Albin BUCKNER
13. Birthplace Walnut, N. Carolina

MOTHER
14. Maiden Name Ella FREEMAN
15. Birthplace Rock Hill, S. Carolina

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1120-28 W. Baltimore

19 (a) (Date received by Registrar) (b) Huntington Williams Registrar
MAY 1 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1943, to 4-29 1943 and that I last saw h Dr alive on 4-29 1943.

Immediate cause of death: Meningitis — Duration: 2 days

Due to: Meningococcus

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hospital Date signed 4-29-43

correct age is especially important. Physicians please write the exact age in years, months, days, hours, or minutes.

C/03837 ✓ C 03837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5507 Fair Oaks Ave.
(c) Hospital or institution:

27 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 Fair Oaks Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET M. DOSCH

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harry A. Dosch, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1880

8. AGE: Years	Months	Days	If less than one day
62	7	9	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Emma L. Pownall
15. Birthplace Pa.

16 (a) Informant Mr. H. A. Dosch
(b) Address 5507 Fair Oaks Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Loveless Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 1 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1943, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 11 1943 to Apr 28 1943 and that I last saw h alive on Apr 28 1943

Immediate cause of death: Acute Cardiac Dilatation — Duration: Apr 28/43
Due to
Due to
Other Conditions: Chronic Myocarditis — Duration: several years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Green M. D.
Address 3009 Eutaw Place Date signed Apr 30/43
Baltimore Maryland

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 C 03838 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Oxford St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name "
15. Birthplace

16 (a) Informant Edith Dilson - cousin
(b) Address 503 Oxford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Adolphus Hall
(b) Address 9 [illegible] Ave Huntington Williamsburg

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Hypertrophy of prostate

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-28-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03839 ✓ 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore. 24 E
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Hawthorne Rd., Roland
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Rena Trust. (RENA TRUST)

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1866

8. AGE: Years 77 | Months #3 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edwin H. Trust
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Marian E. Mattingly
15. Birthplace Washington, D.C.

16 (a) Informant Hospital Records
(b) Address Union Memorial Hospital. Baltimore

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 1 1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) MAY 1 1943 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 2 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943, to April 29 1943, and that I last saw her alive on April 29 1943.

Immediate cause of death Cardiac failure

Due to Coronary sclerosis, left + right upper lobes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: as above

Duration
several days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Trostle M.D.
Address Union Memorial Hosp. **Date signed** 4-29-43

VS 150

03840 MJ-80689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

Registered No. C 03840

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 S. Fremont ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-28-9954

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Julia Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1905

8. AGE: Years	Months	Days	If less than one day
38	1	21	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business Airport

FATHER
12. Name Alonza Rogers
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lydia Rambler
15. Birthplace South Carolina

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Bishopville S. C.
Location the County

18 (a) Funeral director Joseph A. Lively
(b) Address 4 [illegible] Mount Street

19 MAY 1 - 1943 (Date rec'd by registrar) Huntington Hillsmith M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1943 at 10 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1943 to 4-27 1943 and that I last saw h[illegible] alive on 4-27 1943.

Immediate cause of death	Duration
Uremia	1 month
Due to Arteriolonephrosclerosis	1 yr.
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy Arteriolonephrosclerosis	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rattiner M. D.
Address Balto. City Hosp. Date signed 4-28-43

VS 150

C 03841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 03841

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 S. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 665 W. Barre St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Richard Harrod (Howard)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Josephine Howard
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) June 10, 1880

8. AGE: Years	Months	Days	If less than one day
62	10	18	hr. min.

9. Birthplace Calvert County Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wm. Howard.
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Calvert Co. Md.

16 (a) Informant Joe Berry
(b) Address 1014 W. Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2. 1943 (month) (day) (year)
(c) Cemetery or crematory Eastern Chapel
Location Calvert County Maryland

18 (a) Funeral director Joseph A. Finley
(b) Address 1919 Mount Street

19 MAY 1 - 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1943 to Apr. 28 1943 and that I last saw him alive on Apr. 28 1943

Immediate cause of death Cerebral Hemorrhage — Duration 3 day
Due to unknown
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Gaines M. D.
Address 665 W. Barre Date signed 4/30/43

VS 3

C 03842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 03842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM T. BRANSBY

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1872

8. AGE:	Years	Months	Days	If less than one day
	71	0	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name John Bransby
13. Birthplace Pa.

MOTHER
14. Maiden Name Jean Yeager
15. Birthplace Pa.

16 (a) Informant Hazel Smith (Neice)
(b) Address 3300 Westfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location End of East North Avenue

18 (a) Funeral director Lilly & Geiler Inc.
(b) Address 403 S. Wolfe Street

19 MAY 1 - 1943 (b) Huntington Williams M.D. Registrar
(Date filed by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1943, at 9:25 A. M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mueller M.D. Medical Examiner.
Date signed 4/30/43

03843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

C 03843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Lisbon St.
(c) Hospital or institution So. Balto. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 356 S. Clarence Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W. ROLFES

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3607

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife SOPHIA ROLFES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1877

8. AGE: Years	Months	Days	If less than one day
66	2	7	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation Dredge Captain
11. Industry or business Mc Clain Const. Co.

FATHER
12. Name Bernard F. Rolfes.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophia Saleski
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Henry Brown (DAUGHTER)
(b) Address 356 S. Clarence St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 3 - 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Charles L. Geiler
(b) Address 3605 Fait Ave.

19 (a) (Signature) (b) Huntington Williams, M.D.

MAY 1-43 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1943, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1943 to 4/29 1943 and that I last saw h[illegible]live on 4/29 1943

Immediate cause of death: Pulmonary Embolism — Duration 30 min.

Due to: Complications following amputation of left leg

Due to: Arteriosclerosis

Other conditions: Generalized Arterio-Sclerosis

(Include pregnancy within 3 months of death)

Date of operation 4/28/43.

Major findings of operation: Gangrene

Autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Anthony Mongeaux M.D.
Address 120 Light Street Date signed 4/29/43

C 02844

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 02844

CERTIFICATE OF DEATH

157a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5404 Fairoaks St. ..... Ward)

Length of residence in city or town where death occurred 1 yr. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis John Lutz

If U. S. Veteran specify WAR .....

(a) Residence: No. 5404 Fairoaks St., 27-b Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 17-1943

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Francis Charles Lutz

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Antoinette Leulich

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Antoinette Lutz (Address) 5404 Fairoaks

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place New Cathedral Date 5-3 1943

19. UNDERTAKER Leonard J. Geyer (Address) 1205 Washington Blvd

20. FILED MAY 1-1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1942 to May 1 1943

I last saw ~~him~~ alive on April 20 1943. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalous	Nov. '42
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. M. Bacon M. D.

(Address) 2816 Taylor Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

03845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12B

Registered No. C 03845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 Jefferson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James C. Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-4067

4/29/43 7:45 A

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1943 at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1943 to 4/29 1943 and that I last saw h[illegible] alive on 4/27 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 & 1/2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

4. Sex M. **5. Color or race** C. **6 (a) Single, married, widowed, or divorced** S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1915

8. AGE: Years 27 | Months 7 | Days 19 | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James B. Jones.
13. Birthplace Va.

MOTHER
14. Maiden Name Rena Mae Jones
15. Birthplace Va.

16 (a) Informant Rena Mae Jones
(b) Address 1725 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bloomfield Ave.

19 MAY 1 - 1943 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

23. Signature [signature]
Address 1500 E. Madison St Date signed 4/30/43

VS 180

Raynor Brouwer

C 03846 Reg. 81156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 03846 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 2252
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 W. Conway St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beatrice Lee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1919

8. AGE: Years	Months	Days	If less than one day
23	9	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Goings (D)
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25th (month) (day) (year)
(c) Cemetery or crematory Warsaw Va
Location Warsaw Va

18 (a) Funeral director Edwy O Wilson
(b) Address 1000 Brantley St

19 MAY 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-43 19 at 9 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1943 to 4-28 1943 and that I last saw h alive on 4-27 1943.

Immediate cause of death (a) Uremia — Duration 2 wks
Due to (b) Hypertensive cardiovascular disease — Duration 2 yrs.
Due to (c)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Cross M. D.
Address B. C. H. Date signed 4-28-43

03847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ Registered No. C 03847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Gumble Court
(c) Hospital or institution: South Baltimore Gen'l Hosp. 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. Randall St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H Kirby

3 (b) If veteran, name war None

3 (c) Social Security Account No. 219-03-4636

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine Kirby

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 18, 1879

8. AGE: Years 63 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Thomas Kirby
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace Balto Md

16 (a) Informant Katherine Kirby
(b) Address 19 E Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Richnor Highways

18 (a) Funeral director Martin J Conroy
(b) Address 102 Forrest St

19 (a) MAY 1 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 7:45 A.M.

21. I certify that I took charge of the remains described above, held an autopsy on the body thereof and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Freeman M.D.
Medical Examiner.
Date signed April 29 1943

VS 181

F 03848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

C 03848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 N. Eden Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roosevelt Kittle

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Reachia Kittle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1912

8. AGE: Years	Months	Days	If less than one day
30	2/10	0	hr. min.

9. Birthplace Elkins West Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Beth Fairfield

FATHER
12. Name Henry Kittle
13. Birthplace West Virginia

MOTHER
14. Maiden Name Viola ?
15. Birthplace W. Va.

16 (a) Informant Reachia Kittle
(b) Address West Va.

17 (a) Removal (b) Date thereof 5/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Elkins
Location West Va.

18 (a) Funeral director John B Connelly
(b) Address 418 Eastern Ave, Ftsdp

19 MAY 1 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1943, at 3 25 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Drowning
Due to

Other Conditions Found drowned in Balto. City Harbor
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 2 at Fairfield 25/6 M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 4-30-43

VS 181

03849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240 C 03849 Registered No.

Berkeley, W. Va.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4611 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	No	Female	White	Married

6 (b) Name of husband or wife William F. Miller
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) May 29 - 1916

8. AGE: Years	Months	Days	If less than one day
26	11	0	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Thomas F. Floyd
FATHER 13. Birthplace	W. Va.
MOTHER 14. Maiden Name	Bessie Canfield
MOTHER 15. Birthplace	W. Va.

16 (a) Informant Wm. L. Miller
(b) Address 4611 Eastern Ave.
17 (a) Transportation (Burial, cremation, or removal) (b) Date thereof May 1 - 43 (month) (day) (year)
(c) Cemetery or crematory
Location Berkeley, W. Va.
18 (a) Funeral director John B. Connelly
(b) Address 414 Eastern Ave. Balto
19 (a) MAY 1 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1943, at 11 K.S. PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Fatty degeneration of Liver

Due to

Other Conditions Hx of Chronic Alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maldeis M.D. (Medical Examiner.)
Date signed 4-30-43

VS 181

File 03850 mgm 80050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 03850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Archer St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Choice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Carrie Choice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	25	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Jack Choice
13. Birthplace S.C.

MOTHER
14. Maiden Name Lossie Trim
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)
(c) Cemetery or crematory Cubitus mem. Location Cubitus-Dodd

18 (a) Funeral director Mr. Katie A. Williams
(b) Address 922 N. Schroeder St

19 (a) MAY 1 - 1943 (Date rec'd by registrar) (b) Katie A. Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-1943, at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22-1943 to 4-28-1943, and that I last saw him alive on 4-25-1943

Immediate cause of death	Duration
asteriosclerotic nephritis	months
Due to generalized asteriosl.	yrs
Due to hypertensive C.V. disease	yrs
Other Conditions benign prostatic hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schneider M. D.
Address Balto City Hosp Date signed 4-28-43

03851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

925

Registered No. 03851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 E. Lexington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George J. Kolocouris

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Anthony Raptis
(b) Address 111 N. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 '43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director F. A. Shaum & Son
(b) Address Westminster Md.

19 (a) (Licensed embalmer) Huntington Williams
(b) Address

MAY 1 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-1943, at 6.15 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallonee M.D.
Medical Examiner.

Date signed 4-30-43

03852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

C 03852 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Gay St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson, P. O. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7333 Yorktown Rd, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen M Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No. ** ***

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Percy B. Shipley

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April 17, 1896

8. AGE: Years	Months	Days	If less than one day
47	0	11	12 hr. min.

9. Birthplace Harford Co, Maryland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Home

FATHER
12. Name Patrick Kilroy
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Armstrong
15. Birthplace Ireland

16 (a) Informant Mr. Percy B. Shipley
(b) Address 7333 Yorktown Rd, Towsnn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/1943 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave, Parkville. Md.

18 (a) Funeral director John A. Moran.
(b) Address 4202 Greenmount Ave.

MAY 1 - 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943, to April 29 1943, and that I last saw h.er alive on April 29 1943.

Immediate cause of death	Duration
Sarcoma of Sternum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. T. Raby M. D. M. D.
Address University Hospital Date signed April 29, 1943

C 03853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

C 03853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Wyanoke avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Wyanoke ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN SHIELDS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife: Marcella Shields
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5, 1866

8. AGE: Years	Months	Days	If less than one day
76	9	22	____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation RETIRED - BUTLER
11. Industry or business

FATHER
12. Name William Shields
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Herman H. Hoene
(b) Address Equitable Trust Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Graney - Sons Inc.
(b) Address 411 N. Eutaw St. Royal Ave

19 (a) MAY 2 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 (?) 1943, to April 27 1943 and that I last saw h[illegible] alive on April 27 1943

Immediate cause of death: Heart failure — Duration
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions: Senility Emphysema
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Richard D Hahn
Address Marlborough Apts 1701 Eutaw Place Date signed 4/29/43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. [illegible] information should be carefully supplied.

C 03854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03854 Registered No. 1176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RIBBON RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2508 BROOKFIELD AVE

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTO (If outside city or town limits, write RURAL and give town)

(d) Street No. 2508 BROOKFIELD AVE (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH BLACKER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife JENNIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER

12. Name LOUIS BLACKER

13. Birthplace RUSSIA

MOTHER

14. Maiden Name LILLIAN

15. Birthplace RUSSIA

16 (a) Informant MILTON BLACKER

(b) Address 2508 BROOKFIELD AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)

(c) Cemetery or crematory HEBREW FRIENDSHIP

Location Phila RD.

18 (a) Funeral director Jack Lewis Inc

Address 2100 Eutaw Pl.

19 (a) MAY 2 - 1943 (Date rec'd by registrar) Washington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1-43 19 , at 9 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/6 1936 to 5/1 1943 and that I last saw him alive on 5/1 1943.

Immediate cause of death Gangrene Leg and Ulcer - with hemorrhage — Duration Days.

Due to

Due to Periduodenitis

Other Conditions Acute hemorrhage (duodenal) 8 hrs

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. S. Lewis M.D.

Address 211 W. Monument St Date signed 5/1/43

VS 186

C 03855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 03855

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2023 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Flora B. Bonger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Princess Ky
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Chas L. DeFoe
13. Birthplace Greyson Ky

MOTHER
14. Maiden Name Mefguda Koontz
15. Birthplace Ind

16 (a) Informant Sam Bonger
(b) Address 2023 Eutaw Place

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 5-1-43 (month) (day) (year)
(c) Cemetery or crematory Highland
Location Louisville Ky

18 (a) Funeral director Jack Lenz Mem
(b) Address 1432 E. Balto St

19 (a) MAY 2 - [illegible] Washington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1943 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1943 to 4/30 1943 and that I last saw h[illegible] alive on April 30, 1943

Immediate cause of death: Failure of Circulation — Duration 2 hr.

Due to: Lobar Pneumonia

Due to: Prolonged Abdolism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Gwaltney

Address 1821 Eutaw Pl Date signed 5/4/43

VS 150

C 03856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

C 03856 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 100 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. No address
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Davis 79294

3 (b) If veteran, name war

3 (c) Social Security Account No. 223-09-1016

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1895

8. AGE: Years	Months	Days	If less than one day
47	7	20	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation steam fitter
11. Industry or business

FATHER
12. Name James Davis
13. Birthplace N.C.

MOTHER
14. Maiden Name Hattie Ann Harrell
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Greenmount N.C.

18 (a) Funeral director Wm J Fuchs
(b) Address Wood Blum Co

19 (a) Huntington Williams M.D. (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943 at 8:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to Apr. 29 1943, and that I last saw him alive on Apr. 29 1943

Immediate cause of death	Duration
Pulmonary tuberculosis	15 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz
Address Balto City Hosp Date signed 4/30/43

VS 150

C 03857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03857 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M Russell

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife William
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1867
8. AGE: Years 75 Months 9 Days If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name Adam Benas
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Ambert
15. Birthplace Germany

16 (a) Informant Mary A Fiddeman Old
(b) Address 514 N Milton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md
18 (a) Funeral director Tilhang Colsie
(b) Address 1943 W Pratt St
19 (a) (b) (Date rec'd by registrar) MAY 2 1943 Registrar Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943, at 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/43 1943 to 4/30 1943, and that I last saw h[illegible] alive on 4/30 1943.

Immediate cause of death
(a) myocardial insufficiency — Duration 4 days
Due to (b) hypertension — Duration 7
Due to (c) chr. interstitial nephritis — Duration 3
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury
23. Signature L C Schulze M. D.
Address 447 N. Kenwood Ave Date signed 5/1/43

VS 180

C 03858

BALTIMORE CITY HEALTH DEPARTMENT

C 03858

CERTIFICATE OF DEATH 1560

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Loudon Grove

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3132 Loudon Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY G. McGEOCH

3 (b) If veteran, name war —

3 (c) Social Security Account No. 243-09-1924

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1884

8. AGE: Years 58 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, state)

10. Usual Occupation Grocery Store

11. Industry or business Grocery Store

FATHER 12. Name Harry McGeoch

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Ella Smith

15. Birthplace Baltimore Md

16 (a) Informant Alice J. McGeoch

(b) Address 3132 Loudon Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)

(c) Cemetery or crematory Loudons

Location Baltimore Md

18 (a) Funeral director Fulton Colgan

(b) Address 1217 Park Ave

19. 5/2 1943 (Date rec'd by registrar) (b) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 1943, at 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1943, to 5/1 1943, and that I last saw h[illegible] alive on 5/1 1943.

Immediate cause of death: Pulmonary embolism post operative

Due to Operation for Herniated Intervertebral disc

Due to C6-C7 left

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/26/43

Major findings of operation: as above

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. K. Thompson M. D.

Address University Hospital Date signed 5/1

VS 150

C 03859

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 117a

C 03859 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Walkers Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 247 E. Montgomery St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: William L. Evans
3 (b) If veteran, name war: No
3 (c) Social Security Account No. 221-01-5016
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-19-06
8. AGE: Years 36 | Months 5 11 | Days 9 12 | If less than one day hr. min.
9. Birthplace Georgia (City, county and state)
10. Usual Occupation Chauffeur
11. Industry or business Brooks Trans Co
FATHER 12. Name M. L. Evans
13. Birthplace Ga.
MOTHER 14. Maiden Name Alice Johnson
15. Birthplace Ga.
16 (a) Informant L. W. Johnson
(b) Address 1215 Dukeland St
17 (a) Burial, cremation, or removal Lynnwood (b) Date thereof 5/2/43 (month) (day) (year)
(c) Cemetery or crematory Lyndale
Location Lyndale Ga.
18 (a) Funeral director Wilbur C. Lee
(b) Address 1214 Pond St
19 MAY 2 - 1943 (Date rec'd by registrar) Washington Wilmington N.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 1943 at 8:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1943 to 5/1 1943 and that I last saw h[illegible] alive on 5/1 1943.

Immediate cause of death: cerebral - embolism
Due to: perforated gastric ulcer.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Bryany M. D.
Address St. Agnes Hospital Date signed 5/1/43

VS 184

C 03860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10 V

Registered No. C 03860

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1708 Eutaw Place

(c) Hospital or institution: Elmhurst Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs 9 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2025 E. Preston St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Phillip Frey

3 (b) If veteran, name war: N

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife: Sophie Frey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1863

8. AGE: Years 79 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace N. Y. City

(Town, County, and State)

10. Usual Occupation Laborer

11. Industry or business Self

FATHER

12. Name Unknown Frey

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Lillian Dorn

(b) Address 3026 Arizona Ave

17 (a) Burial (Burial, ~~Cremation, or Removal~~) (b) Date thereof 5/3/43 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Woodlawn

Location " Md

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) MAY 2 1943 (Date rec'd by registrar) (b) Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 16 1943, to April 28 1943, and that I last saw him alive on April 28 1943.

	Duration
Immediate cause of death: General Toxemia & Uremia	1 day
possibly heart dilatation	
Due to as he had chronic a	
Myocarditis & general	
Due to Arteria Sclerosis	
Hypertension and	
Other Conditions Nephritis	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence at M

(c) Where did injury occur? None — — —

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None While at work?

(Specify type of place)

(e) Means of injury None

23. Signature Otto Decker M. D.

Address 928 E. North Ave Date signed 4/30/43

C 03861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03861 Registered No. 1310

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829. Rutland Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Rutland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Bohemia.

3 (a) FULL NAME John Jecelin.

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Francis Jecelin.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1860

8. AGE: Years	Months	Days	If less than one day
82	10 11	8	hr. min.

9. Birthplace Bohemia.
(Town, county, and state)
10. Usual Occupation Paint Store
11. Industry or business

FATHER
12. Name John Jecelin Sr.
13. Birthplace Bohemia.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Frances Jecelin.
(b) Address 829 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3rd, 43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Rd.

18 (a) Funeral director Geo. M. Fink & Son.
(b) Address 811 N. Wolfe St.

19 MAY 2 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th. 1943. at 1. 30M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1943. to 4/30 1943.
and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — Duration 2 days
Due to Hypertensive Cardio Vas. Renal Disease — 2
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison Date signed 5/1/43

VS 3

C 03862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03862 ✓ 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 235 S Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 S Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Karl Muly

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-7046

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Clara Muly

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 7 1863

8. AGE: Years	Months	Days	If less than one day
79	7	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Shoe Maker
11. Industry or business

FATHER
12. Name Sebastian Muly
13. Birthplace Germany

MOTHER
14. Maiden Name –
15. Birthplace –

16 (a) Informant Mrs Clara Muly
(b) Address 235 S Collington Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 3 1943 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave Baltimore

18 (a) Funeral director Wm F Young Funeral Home
(b) Address 2008 Oakley St

19 (a) MAY 2 - 1943 (Date rec'd by registrar) (b) Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943 to April 30 1943, and that I last saw him alive on April 27 1943

Immediate cause of death: Cerebral Hemiplegy — Duration 3 days
Due to Cerebral Arteriosclerosis — 7
Due to Chr. Hypertension — 1
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac H Taylor M.D.
Address 200 N. Patterson Park Ave Date signed 4/30/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINTED IN INDIA INK. Every item of information should be carefully supplied.

C 03863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 03863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Chilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1709 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Edw. Winkelmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-1854

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Ann Winkelmann

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr 4 1877

8. AGE: Years 66 | Months — | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Lacq

11. Industry or business Hats Factory

FATHER
12. Name Chas E Winkelmann
13. Birthplace Balto

MOTHER
14. Maiden Name Dorothea
15. Birthplace Baltimore

16 (a) Informant Elizabeth A Winkelmann
(b) Address 1709 Chilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 - (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2005 Orleans St

19 (a) — 1943 (Date rec'd by registrar) (b) — Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943 at 11:41 A M

21. I certify that death occurred on the date above stated that I attended deceased from April 27 1943 to April 30 1943 and that I last saw him alive on April 29 1943

Immediate cause of death Coronary Thrombosis — Duration 2 Days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. Winkelmann

Address 9858 Harford Rd Date signed 4/30/43

Funeral Director Wilmer

C 03864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

C 03864 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ottilie Ulrich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife George Ulrich
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1867

8. AGE: Years	Months	Days	If less than one day
75	5	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Henry Henke
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Reitz
15. Birthplace Germany

16 (a) Informant William H Ulrich
(b) Address 2008 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/43 (month) (day) (year)
(c) Cemetery or crematory Balto E Conn
Location Balto Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) MAY 2 - 1943 (Date rec'd by Registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943 at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to Apr. 30 1943, and that I last saw her alive on Apr 30 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Generalized arteriosclerosis — Duration: indefinite
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Baumgart M. D.
Address 4808 Harford Rd. Date signed 5/1/43

VS 3

C 03865 C 03865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

The information should be carefully recorded, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgewood Nursing Home
(c) Hospital or institution: Belvedere

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad Fauldrath

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1852

8. AGE: Years	Months	Days	If less than one day
90	4	17 18	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Mattress Business

11. Industry or business

FATHER
12. Name Christopher Fauldrath
13. Birthplace Germany

MOTHER
14. Maiden Name Nettie Lentz
15. Birthplace Germany

16 (a) Informant Harry C J Fauldrath
(b) Address 3208 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 19 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to April 28 1943, and that I last saw him alive on April 28 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Chronic Myocarditis. arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ward Carpenter M. D.
Address Balto Md Date signed 5/1/43

1919 E. North Ave.

VS 3

C 03866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 N Gay st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Kessler

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
	None	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Isaac Kessler
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie P
15. Birthplace Russia

16 (a) Informant Mrs Bessie Bozman
(b) Address 1045 N Gay st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodelph Cem
Location Philadelphia Rd
18 (a) Funeral director Sol Kaufman Bro
Address 1124-26 W North Ave
19 (a) MAY 3 1943 (Date rec'd by registrar) Huntington Willi

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 1943, at 10 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to May 1 1943 and that I last saw h. him alive on May 1 1943

Immediate cause of death: Cardiac failure
Due to: Carcinomatosis
Due to: (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gerard E. Meister
Address Sinai Hospital Date signed 5/1/43 (M. D.)

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G.03867. BALTIMORE CITY HEALTH DEPARTMENT G.03867
CERTIFICATE OF DEATH √ 115c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution Sydenham 181
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Lemmon St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary DeSalvo
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1 1937

8. AGE: Years	Months	Days	If less than one day
5	9	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Daniel DeSalvo
13. Birthplace Balto.

MOTHER
14. Maiden Name Madeline Burton
15. Birthplace Balto.

16 (a) Informant Mother
(b) Address 919 Lemmon St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Frederick Rd.
18 (a) Funeral director John Conway & Son
(b) Address 901 N. Gilmor St.
19 (a) May 2 1943 (b) Washington Williams, Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 4/30 1943, at 5:45 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8 1943, to Apr. 30 1943, and that I last saw deceased alive on Apr. 30 1943.

	Duration
Immediate cause of death: Heart failure	18 days.
Due to Pneumonia following	4 days.
Due to Acute Pharyngitis	22 days.
Other Conditions Nephrosis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy (No)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frank W. Kibbe M. D.
Address Sydenham Hosp. Date signed 5/6/43

VS 3

C 03868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9420

C 03868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Boy 42 Hanover Md
(c) Hospital or institution:
St. Agnes Hospital V
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Jumpthecreek Sta
(If outside city or town limits, write RURAL and give town)
(d) Street No. Andrewsen Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE DELCHER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8354

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward Delcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1881

8. AGE: Years 61 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Furrier

11. Industry or business Trimmer

FATHER
12. Name John Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wm L Schuermann
(b) Address 5503 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Geo Schilling & Sons
(b) Address 3624 York Rd
(b) Livingston Phillips, M.D. Registrar

MAY 6 - 1943
(Date Registered) (Local Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1943 at 8:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-1-43

C 03869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

C 03869 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. PRATT St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris Richman (MORRIS RICHMOND)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Amelia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1883
8. AGE: Years: 60 Months Days If less than one day: hr. min.
9. Birthplace: Russia. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace: Russia

MOTHER
14. Maiden Name: not Known
15. Birthplace: Russia

16 (a) Informant: Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Park Ave & Hamilton Ave
18 (a) Funeral director: Jack Lemmler
(b) Address: 1739 E. Baltimore St
19 MAY 2 - 1943 Hamilton Williams MD (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/43 at 11 P M
21. I certify that death occurred on the date above stated, that I attended deceased from 19 to 4/30 19 43
and that I last saw h[illegible] alive on 4/31 19 43
Immediate cause of death: Bronchogenic carcinoma with metastases — Duration: 2 1/2 years
Due to:
Due to:
Other Conditions: Arteriosclerotic heart disease — Recent flu
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: I. Richman
Address: Sinai Hospital Date signed 5/1/43

VS 3

Sussman

C 03870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

C 03870 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cecelia Sussman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1943

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Abraham Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phila. Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St.

MAY 2 1943 (Date rec'd by local registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1943, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943 to May 1 1943, and that I last saw h.e.r. alive on May 1, 1943.

Immediate cause of death: Acute pulmonary edema

Due to: Coronary thrombosis

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Waelsmann M. D.

Address Sinai Hospital Date signed 5/2/43

C 03871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

C 03871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Nachumovitz

3 (b) If veteran, name war

3 (c) Social Security Account No. Married

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years (71) 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Prop. Thrift Store

11. Industry or business

FATHER 12. Name Harry Nachumowitz
13. Birthplace Russia

MOTHER 14. Maiden Name Jonah-
15. Birthplace Russia

16 (a) Informant Annie Nachumowitz
(b) Address 1104 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd.
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 MAY 2 1943 (Date rec'd by Registrar) (b) Interred for Williamsburg, Va.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943, at 2:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1943 to Apr. 30 1943, and that I last saw him alive on Apr. 30 1943.

Immediate cause of death: Terminal Bronchopneumonia — Duration

Due to Cerebral thrombosis & embolism

Due to Arteriosclerotic Ht. Disease

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Jacobs M. D.

Address Sinai Hospital Date signed 4/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03872

03872 Adams

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

910

Registered No. G 03872

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geraldine E. Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/4/15

8. AGE: Years 27 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Samuel Robinson
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Gertrude Baker
15. Birthplace Baltimore, Md.

16 (a) Informant Norma Spriggs
(b) Address 422 Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1691 Druid Hill Ave.

19 MAY 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28, 1943, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8, 1943, to Apr. 28, 1943, and that I last saw [illegible] alive on Apr. 27, 1943.

Immediate cause of death Acute Pericardial Effusion — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marvin Adams M. D.
Address 312 E 23rd St. Date signed 4-30-43

VS 150

03873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03873
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Marley Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. Meadower Rd. Jumonville Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Hazel Haines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1894

8. AGE: Years	Months	Days	If less than one day
48	8	3	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Shade Road Com.
11. Industry or business

FATHER
12. Name Charles Haines
13. Birthplace Md.

MOTHER
14. Maiden Name Ann Egan
15. Birthplace Md.

16 (a) Informant Mrs Grace Lola Gaines
(b) Address 1741 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie A. A. Co., Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAY 3 - 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1943, to May 1 1943, and that I last saw him alive on May 1 1943.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Ulcerative syphilitic aortitis	
Due to Aortic insufficiency	
Other Conditions Myocardial degeneration	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Diabetic Gangrene	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Andrew Gill M.D.
Address 713 Light St Date signed 5/1/43

VS 180

C 03874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

C 03874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H Nehus Sr

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-10-8323

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lula
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1892

8. AGE: Years	Months	Days	If less than one day
50	9	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Stonecutter
11. Industry or business Mitchell Inc

FATHER
12. Name Henry Nehus
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Locke
15. Birthplace Germany

16 (a) Informant Lula Nehus
(b) Address 506 N Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Williams & Son Inc
(b) Address 1217 E Pont St

19 (a) MAY 3 1943 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943, to May 2 1943, and that I last saw him alive on May 2 1943.

Immediate cause of death	Duration
Acute Coronary Occlusion	3 hours
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Coronary Occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Jacobs M. D.
Address Sinai Hospital Date signed 5/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 03875

CERTIFICATE OF DEATH

61 C 03875

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Barclay St., V Ward)

Length of residence in city or town where death occurred yrs. 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ina Cherry Dixon

If U. S. Veteran specify WAR _____

(a) Residence: No. 3409 Barclay St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinand Dixon

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70 69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME James Cannon

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT John T. Dixon
(Address) 3409 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville N.C. Date May 5 1943

19. UNDERTAKER George L. Watson
(Address) 1312 Pennsylvania Ave

20. FILED MAY 3 - 1943 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1943 to May 2, 1943

I last saw h[illegible] alive on May 2, 1943. Death is said to have occurred on the date stated above, at 10 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	

Was an operation performed? Yes Date of operation _____

For what disease or injury? Diabetes

Name of operation Amputation of leg

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Edw. J. O'Keeffe M. D.

(Address) 1238 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement

03876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. 03876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 921 Granby St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Kunze

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 30 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 3 1943 Watkinson Williams, M.D.
(Date rec'd by registrar) Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1943, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & an autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Asphyxiation due to hanging — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 19 1943 at 6 P M
(c) Where did injury occur? 921 Granby St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? Yes (Specify type of place)
(e) Means of injury Hung self
23. Signature Robert R. Gleaton M.D. Medical Examiner.
Date signed April 20 1943

F 0041

C 03877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121a

Registered No. C 03877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 135 W. Hill Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Fancis

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL APR 30 1943
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) MAY 3 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17- 1943, at 1 40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Cardio-vascular Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Howard J. Moreland M.D.
Medical Examiner.
Date signed 4-18-43

0042

03878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 93D

Registered No. C 03878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RUTH BLAND

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 30 1943
18 (a) Funeral director Commissioner of Health
(b) Address MAY 8 1943 Washington, Millsboro, Md.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 43 at 10 P. M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. L. Wallace for Medical Examiner. M.D.
Date signed 5-10-43

VS c

10043

C 03879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109a

C 03879
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Atuns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Henry Atuns
13. Birthplace Russia

MOTHER
14. Maiden Name Channa Bala —
15. Birthplace Russia

16 (a) Informant Henry Atuns
(b) Address 1913 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jacob Levin Inc
(b) Address 1434 E. Balto. St

19 (a) MAY 3 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1943, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943 to 5- 19 , and that I last saw h er alive on 5/2 1943

Immediate cause of death Myocardial exhaustion — Duration

Due to Virus Pneumonia

Due to

Other Conditions Sl pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac R. Gallestein M.D.
Address Sinai Hospital Date signed 5/3/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-80777 C 03880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

C 03880 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Fairview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Kaplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5- 1882

8. AGE: Years	Months	Days	If less than one day
60	11	26	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Unable to work

11. Industry or business

FATHER 12. Name ? Kupel Kaplan

13. Birthplace Russia

MOTHER 14. Maiden Name Raphael R.

15. Birthplace Russia

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mikveh

Location

18 (a) Funeral director Joseph Levin Sons

(b) Address 1439 E. Baltimore St

19 (a) (Date received by registrar) MAY 3-1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 19 43 at 5:26 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 19 43 to 5-1 19 43 and that I last saw h alive on 5-1 19 43.

	Duration
Immediate cause of death: Cardiac failure	11 years
Due to: Rheumatic heart disease	11 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mettman M. D.

Address Baltimore City Hospitals Date signed 5/1/43

C 03831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Williams St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD FORRESTER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WW	578-20-3621	male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1890

8. AGE: Years	Months	Days	If less than one day
53	2	25	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Private Guard (Family)
11. Industry or business Washington, D. C.

FATHER
12. Name William H. Forrester
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ella Patrick
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/43 (month) (day) (year)
(c) Cemetery or crematory Rock Creek Cem.
Location Washington D.C.

18 (a) Funeral director William M. Marsek
(b) Address 715 Tyler St

19 (a) MAY 3 1943 [illegible] Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1943, 2:55p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943 to April 30 1943 and that I last saw him alive on April 30, 1943

Immediate cause of death	Duration
Acute lobar pneumonia involving entire right lung	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma G. Gladhill
Address US Marine Hospital Baltimore, Maryland. Date signed 5/1/43

C 03882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03882

~~C~~ 03882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2856 Rayner Ave.
(c) Hospital or institution: West Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2856 Rayner Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeremiah T. Willis

3 (b) If veteran, name war — — —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary L. Willis

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 4, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	9	27		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business City Bank) Employee

FATHER
12. Name William M. Willis
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Mary E. Emery
15. Birthplace Baltimore Co. Md.

16 (a) Informant Clarence T. Willis
(b) Address 2856 Rayner Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Robert L. Liddle
(b) Address 2700 Edmondson Ave

19 (a) MAY 3 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 3 20 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy, Inspection~~ or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to Arteriosclerotic cardiovascular renal disease.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 2 1943

VS 181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

C 03883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S.Robinson St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE MARGARET WEST (Katie West)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	Married

6 (b) Name of husband or wife Clarence D. West
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 5. 1892

8. AGE: Years	Months	Days	If less than one day
50	4	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elmer Foble
13. Birthplace Maryland

MOTHER
14. Maiden Name Johanna Smith
15. Birthplace Ireland

16 (a) Informant Mr. Clarence D. West
(b) Address 615 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore County. Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30. 1941 at 1.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to Apr 30 1943 and that I last saw h alive on Apr. 29 1943.

Immediate cause of death	Duration
Diabetes Mellitus	Jan 1941
Hypertension & Arteriosclerosis & Chr. Nephritis	4-28-43.
Due to Coronary Occlusion	
Due to None	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 842 S Ex Ave Date signed 5-1-43.

VS 180

C 03884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

C 03884
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3925 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 Southern Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Babetta (Betty) Pilsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John A. Pilsch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4th 1872

8. AGE: Years	Months	Days	If less than one day
70	5	26	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name John M. Herrman
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Stenglein
15. Birthplace Germany

16 (a) Informant Mr. Elmer Pilsch
(b) Address 3925 Southern Ave.

17 (a) Burial (b) Date thereof 5/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lasahn Funeral Home
(b) MAY 3 1943 Fair Road
Lexington for Williams

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1943, at 9.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1938 to Apr 30 1943 and that I last saw her alive on Apr 29 1943

Immediate cause of death Metastatic Carcinoma — Duration Since July 1940

Due to Carcinoma of uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Nov 3 - 38

Major findings of operations: Carcinoma of uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Rawlins.
Address 1517 E Northave Date signed 5/7/43

Please type or print plainly. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

C 03885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03885 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert 933½ Sth
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Hale
(c) City or town Plainview (If outside city or town limits, write RURAL and give town)
(d) Street No. Plainview Texas (If rural give location)
1910 Fairfield
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Quinby Perry

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Female	White	Divorced

6 (b) Name of husband or wife Edw. H. Perry
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Apr-10-1864

8. AGE: Years	Months	Days	If less than one day
79	0	22	hr. min.

9. Birthplace Wakefield-Kansas (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER 12. Name	Jos. B. Quinby
13. Birthplace	Newstaysville.
MOTHER 14. Maiden Name	Annetta Goodwin
15. Birthplace	Ceylon-Indiana

16 (a) Informant Mrs Thomas J. Sullivan Wife
(b) Address 1960 Fairfield Rd.-City
17 (a) Cremation (b) Date thereof May (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director Stewart & Company
(b) Address 108 W. Monument St.
19 (a) (Date received by Registrar) MAY 3 1943 (b) Washington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1943 at 3:48 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-2-43 19 to 5-2-43 19 ; and that I last saw h alive on 5-2-43 19 .

	Duration
Immediate cause of death Cardio-respiratory failure	
Due to Cardio-Vascular accident	7 days
Due to Hypertension	1 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Union Memorial Hospital
Baltimore, Md. Date signed 5/2/43

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C 03886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03886 ✓ Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 Francis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Francis St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA MARIE ALLEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Reuben C. Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1896

8. AGE: Years	Months	Days	If less than one day
46	10	10	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Buckingham
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Kay Myers
15. Birthplace Westminster, Carroll Co. Md

16 (a) Informant Mr. Reuben C. Allen
(b) Address 2639 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Reisterstown Rd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received MAY 3 - 1943 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1943 to April 1943 and that I last saw h[illegible] alive on Apr. 29 1943.

Immediate cause of death Myocardial failure

Due to Congestive heart failure

Due to Hypertensive cardio-vascular-renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. L. Kerrigan M.D.
Address 4037 Falls Rd. Date signed 4/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 51B

C 03887

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARROLL E. LITTLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Helen E. Little
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/1859

8. AGE: Years	Months	Days	If less than one day
83	6	26	hr. min.

9. Birthplace Hill, N. H. (Town, county, and state)
10. Usual Occupation retired manager
11. Industry or business

FATHER
12. Name Moses S. Little
13. Birthplace Hill, N. H.

MOTHER
14. Maiden Name Martha Foster
15. Birthplace Hill, N. H.

16 (a) Informant Mrs. Edith L. Oftedahl
(b) Address 1801 Harlem Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received) MAY 9 1943 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1942 to May 1, 1943 and that I last saw h[illegible] alive on 4/30 1943.

Immediate cause of death: Carcinoma of Prostate — Duration: ?

Due to

Due to

Other Conditions Arteriosclerotic Cardio-Vascular Disease.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Chas. Langfelder M.D.
Address 403 N. Bryon St. Date signed 5/9/43

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

03888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 03888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 Jackson Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 Jackson Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zelda Kammerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Bernard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55 54			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Benjamin Greenstein
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel ?
15. Birthplace Russia

16 (a) Informant Bertrum Kammerman
(b) Address 138 Jackson Place

17 (a) Burial (b) Date thereof May 3, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Rum
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (b)
(Date rec'd by registrar)

MAY 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 2 1943, and that I last saw h alive on May 2 1943.

Immediate cause of death Hypertension cardio-vascular disease

Duration 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kammerman M. D.
Address 1934 W Lanvale Date signed 5/2/43

C 03889 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. C 03889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1364 Fremont Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	A. A.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	2 hr. 35 min.

9. Birthplace Provident Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ossie Crawford
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Henderson
15. Birthplace North Carolina

16 (a) Informant Catherine Crawford
(b) Address 1364 Fremont Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 3 1943 (Clayton Williams M.D.) Registrar
(Written record by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1943, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1943 to 4-16 1943, and that I last saw h— alive on 4-16 1943.

Immediate cause of death

Due to

Due to Prematurity Face Presentation

Other Conditions Asphyxia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Bostick M. D.
Address Provident Hospital Date signed 5/3/43

VS 150

F 0044

C 03890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 159 V

C 03890 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Cockeville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Fossett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: A.A.
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days: 0 | If less than one day: 22 hr. 30 min.
9. Birthplace: Provident Hospital (Town, county, and state)
10. Usual Occupation: Infant
11. Industry or business

MOTHER / FATHER
12. Name: Nathan John Fosset
13. Birthplace: Maryland
14. Maiden Name: Julia Sands
15. Birthplace: Maryland

16 (a) Informant: Julia Fossett
(b) Address: Cockeville, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHN HOPKINS MEDICAL SCHOOL APR 30 1943

18 (a) Funeral director: Commissioner of Health
(b) Address

MAY 8 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1943, to 4/13 1943 and that I last saw h[illegible] alive on 4/13 1943.

Immediate cause of death: Unavoidable Abortion (6 months) — Duration
Due to: Mother Fell
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 4/13-43 at 8 P. M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Carem C Johnson
Address: Provident Hospital Date signed 4/14/43 M. D.

VS 150

0045

C 03891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. C 03891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Woodbrook Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maxine Iarias Bumphuris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—	14	hr. 49 min.

9. Birthplace Provident Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Bumphuris
13. Birthplace Roxboro, N.C.

MOTHER
14. Maiden Name Doris Eglantine Jeffers
15. Birthplace Roxboro N.C.

16 (a) Informant Mrs. Doris Bumphuris
(b) Address 2528 Woodbrook Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 30 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 3 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1943. at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1943 to 7/4 1943, and that I last saw h alive on 7/3 1943.

Immediate cause of death

	Duration
Prematurity (2 mos)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial plc e, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carsen C. Johnson
Address Provident Hospital Date signed 7/29/43 M. D.

VS 150

T0946

C 03892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

C 03892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 10
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Pennhurst ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Minnie L. Landes

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Joseph W Landes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1867

8. AGE: Years	Months	Days	If less than one day
76.	—	23	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER 12. Name	Otto Eley
13. Birthplace	Germany
MOTHER 14. Maiden Name	Augusta Eufinger
15. Birthplace	Germany

16 (a) Informant Ottilia M. Landes
(b) Address 415 Pennhurst ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3/43 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto Co. Md.
18 (a) Funeral director Shaw & Mitchell Sons
(b) Address 1960 Eutaw Place
19 (a) (Date received by registrar) MAY 3 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943, at 9.30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943, to April 30 1943, and that I last saw her alive on April 30 1943.

Immediate cause of death Coronary Thrombosis

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Arthur Rosberg, M.D.
Address St. Agnes Hosp. Date signed 4/30/43

VS 180

C 03893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. C 03893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 E Randall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Pyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-9673

4. Sex M

5. Color or race W

6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Margaret Neill Pyle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23 1899

8. AGE: Years 44 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Boiler Maker

11. Industry or business Bethlehem Shipbuilding Co

FATHER
12. Name William A. Pyle
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rose Rudolph
15. Birthplace Baltimore Md.

16 (a) Informant Margaret Neill Pyle (wife)
(b) Address 153 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Flynn & Flanigan
(b) Address 1426 Light St.

19 (a) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943 19 , at 5-05 A M

21. I certify that I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Multiple fractures of ribs. compound comminuted fractures of left arm and leg

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 1 1943 9:00 P.M.
(b) Where did injury occur? Key Highway near Jackson St.
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 2 1943

VS 181

C 03894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland General Hospital
(c) Hospital or institution: Eastend + Madison Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Garrison.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Sallie May Sullivan

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife J. Leonard Sullivan
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) April 28-1884

8. AGE: Years	Months	Days	If less than one day
59	-	3	hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation Store and Housework
11. Industry or business Grocery + tea mfg.

FATHER
12. Name John A. Burnham
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Mary Frahpan
15. Birthplace Balto. Co. Md

16 (a) Informant George Burnham
(b) Address Grey Rock. Balto Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-43 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Owings Pikesville. Md

18 (a) Funeral director Frank H. Purdy
(b) Address Pikesville. Maryland.

19 (a) [illegible] Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1943, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943 to 5-1 1943, and that I last saw h alive on 5-1 1943

Immediate cause of death acute pulmonary edema — Duration 3 Hours
Due to Congestive Heart failure
Due to Chronic myocarditis
Other Conditions abdominal ascites.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. D. Jones M. D.
Address Md. Gen. Hosp. Date signed 5-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

03895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77C

03895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Hunter St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAUL SAMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Clinton, N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Matthew Sampson
13. Birthplace N. C.

MOTHER
14. Maiden Name Maggie Hicks
15. Birthplace N. C.

16 (a) Informant Savannah Edwards
(b) Address 1111 Harlem Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Arthur Hall
(b) Address 9 N. Bond St

19 (a) MAY 3 1943 Huntington Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1943, at 8:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pulmonary edema

Due to Acute alcoholism

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber Asst. Medical Examiner. M.D.
Date signed 5-1-43

C 03896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

C 03896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Boarmwood Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Forster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			2 hr. 53 min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward W. Forster
13. Birthplace Balto

MOTHER
14. Maiden Name Mary List
15. Birthplace Balto

16 (a) Informant Mary Forster
(b) Address 2908 Bauernwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Bath Rd

18 (a) Funeral director Leonard Funk
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by local Registrar) MAY 3 1943 Registrar Huntington for Hillcrest, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 to 2 1943 and that I last saw h[illegible] alive on May 2 1943.

Immediate cause of death Prematurity
24-26 Wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Weber M. D.
Address Mercy Hosp. Date signed 5-2-43

C AB 03897 ✓ C 03897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) St[illegible] Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Voigt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1880

8. AGE: Years	Months	Days	If less than one day
62	7	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Furniture Dealer

11. Industry or business

FATHER
12. Name George Voigt
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Sterdz
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 5/3/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location

18 (a) Funeral director L. Vernon Lemmon.
(b) Address 4611 Park Heights Ave. Baltimore, Md.

19 (a) [illegible] MAY 3 - 1943 Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1943, at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1943 to 5-1 1943, and that I last saw h[illegible] alive on 5/1 1943

Immediate cause of death: Cardiac failure — Duration: 3 hours

Due to: Pulmonary edema syndrome — Duration: 4 days

Due to: Arteriosclerosis of aorta & coronaries — Duration: 40 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mott M.D.
Address B. C. H. Date signed 5/4/43

C 03898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. C 03898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4618 Park Hts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD J. MULLEN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married.

6 (b) Name of husband or wife Katherine K. Mullen
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1913

8. AGE: Years	Months	Days	If less than one day
29 27	7	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machi
11. Industry or business Ship Yard.

FATHER
12. Name John B. Mullen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name anna Noonan
15. Birthplace Frederick Co. Md.

16 (a) Informant Mrs. Katherine Mullen
(b) Address 4618 Park Heights.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights

19 (a) (Date rec'd MAY 3 - 1943) (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1943, at 4 50 P M

21. I certify that I took charge of the remains described above, held an Autopsy + Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock, traumatic

Due to Crushing of lower extremities

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-30-43 at 11:40 P. M. 25/4
(b) Where did injury occur? Hanover St. Bridge near Hanover & Frankfurst Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? —
(d) Means of injury Collision of two auto Cars

23. Signature H. J. Wallenmeyer M.D. Medical Examiner.
Date signed 5-1-43

Roeber

03899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. 03899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Rose St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Meyers Roeber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex fe. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife August Roeber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-6-1874

8. AGE: Years 68 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore - Md
(town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Frederick Meyers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Elizabeth Miller
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Charles Roeber
(b) Address 419 N. Rose St.

17 (a) Burial (b) Date thereof May 4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Md.
Location Loudon Ave & Gay St.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1943 at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1943 to 5-1 1943 and that I last saw h[illegible] alive on 5-1 1943.

Immediate cause of death Pulmonary Atelectasis & Pneumonia
Due to Cardiac Failure
Due to Intestinal Obstruction
Due to Strangulated Umbilical Hernia
Other Conditions Pregnancy - 4 months
(Including pregnancy within 3 months of death)

Duration
Terminal
1 wk.

Date of operation 4-29-43

Major findings of operation: Strangulated umbilical hernia

of autopsy: Pulmonary Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. M. Cleveland Jr. M.D.
Address Church Home & Infirmary Date signed 5-1-43

VS 180

P 03900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. P 03900 / 136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 N. Ann St.
(c) Hospital or institution: 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-457

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day: hr. min.

9. Birthplace Green Valley, N. C (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Martha Monk
(b) Address 405 N. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Gravel Hill Ave

19 (a) MAY 3 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-43 19 , at 7:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4-3-43 19 , to 4-26-43 19 , and that I last saw him alive on Apr 24, 1943.

Immediate cause of death Pulm. Hr.

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Adams M. D.

Address 3125 23rd W Date signed 4-30-43

03901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

C 03901
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Bennett Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Bennett Place
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Woodland.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Fem.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Phillip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Acorn
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Unknown
15. Birthplace Md.

16 (a) Informant Barry Barney
(b) Address 919 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 E Fayette Ave

19 (a) (Date received by registrar) (b) 1943 Harry J. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 1943 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-1943 to 5-1-1943 and that I last saw h alive on 4-30-1943

Immediate cause of death Cerebral Hemorrhage — Duration 10 days
Due to
Due to
Other Conditions Cardio-Renal Vascular Disease — 3 mos.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George C. Page M.D.
Address 1516 N. Mount St. Date signed 5-1-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

No. 03902 Registered No. 03902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanor Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Dr. Roy Rice(D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1890

8. AGE: Years	Months	Days	If less than one day
53	1	10	hr. min.

9. Birthplace Ill (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name George Burkhart
13. Birthplace Pa

MOTHER
14. Maiden Name Lucetta Purnell
15. Birthplace Pa.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Bayview Mt

18 (a) Funeral director Geo. A. Farley
(b) Address 2330 W. Fayette

19 (a) MAY 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1 19 43 at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 19 43 to 5-1 19 43 and that I last saw h alive on 5/1 19 43.

Immediate cause of death Apoplexia

Due to HCVD

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration 2 wk years

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mettee M. D.
Address Baltimore City Hospital Date signed 5/1/43

C 03903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 03903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. (or)
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give township)
(d) Street No. 32 N. Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James H. Conway

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-8864

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Helen M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1898

8. AGE: Years 44 | Months 43 | Days 4 | If less than one day hr. min. 1

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name James J. Conway
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Griffin
15. Birthplace Md

16 (a) Informant Mrs. Jas. H. Conway
(b) Address 32 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Hope & Finley
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 9 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed May 2d 1943

VS 181

Please answer all questions as completely as you can. Your information should be carefully supplied. Answers to questions 20 to 23 are especially important. Physicians: please write the causes of death clearly and legibly.

C 03904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03904

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1070 W. Fayette~~ Green & Redwood
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1070 W Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAUDE HOLLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1943

8. AGE: Years	Months	Days	If less than one day
	3	21	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Holland
13. Birthplace Danville, Va

MOTHER
14. Maiden Name Alice Whitehead
15. Birthplace Danville Va

16 (a) Informant Alice Holland
(b) Address 1070 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Coldvary Cem
Location

18 (a) Funeral director Mrs Kate P. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Woods, Md.

MAY 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1943, at 5° AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 30, 1943, to May 1, 1943, and that I last saw h[illegible] alive on May 1, 1943.

Immediate cause of death Bronchopneumonia — Duration 1 Week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Hueber, M. D.
Address Univ. Hosp. Date signed 5-4-43

03905 Booker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 03905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 So. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 So. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Booker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Minnie C. Booker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	4	hr. min.

9. Birthplace Balto. (Town, county and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Booker
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Kelly
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1636 So. Charles St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director J. L. McCarthy
(b) Address Bay & Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1943, to May 1 1943, and that I last saw h[illegible] alive on May 1 1943

Immediate cause of death	Duration
– Acute Myocarditis	16 days
Due to – Chronic Nephritis	6 mos.
Due to Arteriosclerosis	6 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. J. Mullikin M. D.
Address 127 Williams St Date signed 5/2/43

VS 180

C 03906
Med. Exam. Case

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 18 C 03906 File No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Mc Elderry (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	M

6 (b) Name of husband or wife Horace Brady
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 3-24-95

8. AGE: Years	Months	Days	If less than one day
48	1	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Holland
13. Birthplace Md

MOTHER
14. Maiden Name Mary Dorsey
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 3-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto Co Md

18 (a) Funeral director Pettit & Williams
(b) Address 1315 McElderry St

19 (a) [redacted] (b) Huntington Williams, M.D. Registrar

VS 284

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1943 at 4:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1943 to April 30 1943 and that I last saw him alive on April 30 1943.

Immediate cause of death: 3rd degree burns of body - Trauma — Duration: 3½ days

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/26 at 8:30 A.M.
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Burns - 3rd degree Explosion of Flame

23. Signature M. C. Sanford

Address Johns Hopkins Hosp. Date signed 5/1/43

For Howard A. McKenzie M.D.

Morgue

C 03907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03907 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1930

8. AGE: Years	Months	Days	If less than one day
13			hr. min.

9. Birthplace Md
(Town, county, and State)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Horace Brady
13. Birthplace

MOTHER
14. Maiden Name Maggie Holland
15. Birthplace

16 (a) Informant Horace Brady
(b) Address 1620 McElderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 '43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto. Co. Md.

18 (a) Funeral director Robert E. Hellmann
(b) Address 15-15 McElderry St

19 (a) (Date received) MAY 3 1943 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 4 15 P M

21. I certify that I took charge of the remains described above, held an Autopsy/Inspection or Inquiry thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia

Due to extensive 2nd & 3rd degree burns

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/26/43 at 8 45 A M.
(b) Where did injury occur? 1220 McElderry St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury burned in conflagration

23. Signature Robert E. Gruhzit, M.D.
Medical Examiner
Date signed May 2 1943

Burial for Williams, M.D.

C 03908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

C 03908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 McElderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 McElderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irving N. Dilland
3 (b) If veteran, name war —
3 (c) Social Security Account No. 243-07-1635

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1904

8. AGE: Years	Months	Days	If less than one day
39	6		hr. min.

9. Birthplace Amherst, Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Caleb Dilland
13. Birthplace Amherst Co Va

MOTHER
14. Maiden Name Ellen Gordon
15. Birthplace Amherst Co Va

16 (a) Informant Gordon Dilland
(b) Address 1011 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date (Month) (day) (year) May 5-1943
(c) Cemetery or crematory Lynchburg
Location Va

18 (a) Funeral director Potts & Weaver
(b) Address 1515 McElderry St

19 (a) (Date received by registrar) (b) (Registrar)
VS MAY 3 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943 to April 29 1943, and that I last saw him alive on April 29 1943.

Immediate cause of death	Duration
Coronary Occlusion	2 hrs
Due to Lobar Pneumonia	2 days
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert A Lapsley M.D.
Address 522 N. Bond St Date signed 5/1/43

Important. Physicians: please write the causes of death clearly and legibly.

C 03909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03909

Registered No. 944a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Cleveland (If outside city or town limits, write RURAL and give town)
(d) Street No. 13660 Fairfield Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME RAYMOND MYER WEIL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband or~~ wife Adele

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1885

8. AGE: Years	Months	Days	If less than one day
57	11	1	hr. min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation Insurance Broker

11. Industry or business

FATHER
12. Name Jacob Weil
13. Birthplace Cleveland, Ohio

MOTHER
14. Maiden Name Henrietta Wolf
15. Birthplace Unknown

16 (a) Informant Wife
(b) Address Same as pt.

17. Removal ~~Burial~~ Cremation thereof 5/3/43. (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cleveland Crematory Location Cleveland, Ohio.

18 (a) Funeral director David Sonnheim's Son
(b) Address 1902 Eutaw Place

19 (a) MAY 3 1943 Registrar Williams
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to — 19—, and that I last saw h~~im~~ alive on May 2 1943

Immediate cause of death: Myocardial infarction — Duration 20 hrs.
Due to Coronary occlusion
Due to Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irwin H. Kaiser M.D.
Address 1037 N. Calvert St. Date signed 5/5/43

Batto.

CORRECTIONS OR ERASURES INVALIDATE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03910
T.M 77955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

C 03910
Registered No. 130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2947 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cleo. Marston

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-16-0087

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ralph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15th, 1917

8. AGE: Years	Months	Days	If less than one day
25	11	15	hr. min.

9. Birthplace N.C (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ned Wheeler
13. Birthplace N.C

MOTHER
14. Maiden Name Mary Aycue
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/43 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City, Md.

18 (a) Funeral director Rhenovich & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) MAY 3 1943 (Registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1943, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1942 to 5-1 1943
and that I last saw h[illegible] alive on 5-1 1943.

Immediate cause of death	Duration
Nephritis	
Due to Hemorrhagic pneumonia, acute	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ordered

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Matthews M. D.
Address Balto City Hosp Date signed 5-2-43

C 03911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

C 03911

The ... is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry W. Turner

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nettie V. Turner
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1872

8. AGE: Years	Months	Days	If less than one day
70	8	19	hr. min.

9. Birthplace Balto Co, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Laborer Penna R.R

FATHER
12. Name James Turner.
13. Birthplace England.

MOTHER
14. Maiden Name Rebecca Shrimp.
15. Birthplace Md.

16 (a) Informant Nettie V. Turner.
(b) Address 427 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/43 (month) (day) (year)
(c) Cemetery or crematory Md. Lane.
Location Balto Co, Md.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Reisterstown Ave

MAY 8 1943 (b) [illegible] Registrar
(Date Received by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2- 1943, at 5:30 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Muldaur M.D.
Medical Examiner.
Date signed 5-2-43

C 03912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

C 03912
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1754 Preston
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1754 Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac A. Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-20-8378

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63	3		hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation housman

11. Industry or business

FATHER
12. Name George Gross
13. Birthplace Md

MOTHER
14. Maiden Name Hannah Bell
15. Birthplace Md

16 (a) Informant Mrs. Laura Gross
(b) Address 1754 Preston

17 (a) Burial (b) Date thereof 5/5/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Star Cemetery
Location Catonsville Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson st. Balto

19 (a) 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1943 to 5-2 1943 and that I last saw h/M alive on 4-30 1943

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	3 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond Browne

Address 1500 E. Madison St Date signed 5/3/43

VS 189

C 03913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

C 03913 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR MUTILATE. SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton and Wilkens Sts

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 520 S. Bentalou St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hettie Schaeffer (Henrietta (Nettie) Schaeffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wallace M.C. Schaeffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1874

8. AGE: Years	Months	Days	If less than one day
69	3	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state).

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Xavier Mormann

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Matilda Heck

15. Birthplace Henrietta Germany

16 (a) Informant Elizabeth Bayley

(b) Address 520 S. Bentalou

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director Miller & Morrow

(b) Address 1003 W. Baltimore St.

MAY 3 – 1943 (b)

(Date registered) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1943 at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1943 to 5-3 1943.

and that I last saw h alive on 5-3 1943

Immediate cause of death Fat embolism

Due to Fracture of hip.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 4-30-43, at 10:30 AM

(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell over a cart.

23. Signature Alfred A Garrison M. D.

Address St Agnes Hosp Date signed 5-3-43

Howard Williams, M.D.

C 03914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 03914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5717 Highgate Drive
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5717 Highgate Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Albert Sr.

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Josephine Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6 1858

8. AGE: Years 84 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Jacob Albert
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Henry Albert Jr
(b) Address 5717 Highgate Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Balto Co. Md

18 (a) Funeral director O'Kelly Lamorran
(b) Address 1053 N. Baltimore St

19 (a) [illegible] 1943 (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1943. at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1943 to May 2 1943, and that I last saw h alive on 19

Immediate cause of death Arteriosclerotic Cardiac Vascular Disease | Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A Hoff

Address 4509 Liberty Heights Ave Date signed 5/3/43 (M. D.)

C 03915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634

C 03915 Registered No.

Roomer

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 N. Paul St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 N. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Kemp.

3 (b) If veteran, name war –

3 (c) Social Security Account No. 215-22-9699

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John H. Kemp
13. Birthplace Md

MOTHER
14. Maiden Name Mary R.
15. Birthplace Md.

16 (a) Informant Henry Kemp
(b) Address 2811 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-1943 (month) (day) (year)

(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave

MAY 3-1943
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2- 1943, at 7:10 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Illuminating Gas.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-2- at P. M.
(b) Where did injury occur? 330 N. Paul St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas heater

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 5/3/43

VS 181

Every item of information should be carefully supplied. The ages are especially important. Physicians: please write the causes of death clearly and legibly.

C 03916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

Registered No. C 03916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 McCabe avenue
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 McCabe avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN MASON EVANS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-14-0576

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Connor Evans

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): May 28, 1877

8. AGE: Years: 65 Months: 11 Days: 2 If less than one day: ____ hr. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Transfer Business

11. Industry or business:

FATHER
12. Name: Mortimer Evans
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Jane Ritchie McDonald
15. Birthplace: Virginia

16 (a) Informant: Mrs. Margaret Connor Evans
(b) Address: St. Paul Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location

18 (a) Funeral director: Chas. J. Graner Son Inc.
(b) Address: 118 N. Mt. Royal Ave

19 (a) (Date received) MAY 3 1943 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to Apr 19__, and that I last saw h[illegible] alive on April 29 19 43.

Immediate cause of death: Caseonoma lung — Duration: 3-4 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence: — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: Nathaniel M Beck M. D.
Address 727 N. Charles Date signed May 1-43

VS 3

C 03917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

C 03917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adelaide ~~Piggott~~ Piggot Baugher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph Baugher

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 9, 1853

8. AGE: Years: 90 | Months: 1 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Thomas J. Piggot
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Lydia McDonough
15. Birthplace: Maryland

16 (a) Informant: Joseph C. Baughman
(b) Address: Easton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 4 43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Md.

18 (a) Funeral director: Henry McJenkins & Sons
(b) Address: 24 Cullen & Orchard Sts

19 (a) MAY 3 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7. 1943 to May 1 1943 and that I last saw h alive on May 1 1943.

Immediate cause of death

Due to Abdominal neoplasm

Due to probably carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Franklin Keyhurst M. D.
Address: 512 W. Monument St Date signed: May 3 1943

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

C 03918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3- Wyman Park Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur H. Hall, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife MARY LYON
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY 21 1871

8. AGE: Years	Months	Days	If less than one day
71 72	11	19 11	hr. min.

9. Birthplace Virginia (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name ~~Robert~~ Hall
13. Birthplace Virginia ~~Grayson~~

MOTHER
14. Maiden Name Susan ~~Carter~~
15. Birthplace Virginia

16 (a) Informant Hosp records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 43 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Gaynor Forest Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (Date) MAY 3 1943 (b) Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 9.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943 to May 2 1943 and that I last saw him alive on May 2 1943.

Immediate cause of death Pneumonia — Duration Days

Due to Arteriosclerotic heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M.D.
Address Union Memorial Hosp. 33rd & Calvert Date signed 5/3/43

C 03919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

C 03919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fombard & Green Sts.
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Helen Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	negro	married

6 (b) Name of husband or wife Preston Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1916

8. AGE: Years	Months	Days	If less than one day
27	2	10	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Noah Rhambottom
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rutter
15. Birthplace Maryland.

16 (a) Informant Preston Brown
(b) Address Sykesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (month) (day) (year)
(c) Cemetery or crematory White Rock.
Location Berrett, Carroll Co. Md.

18 (a) Funeral director C. M. Wall
(b) Address Westfield Md

19 (a) MAY 3 - 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943. at 4 16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1943. to 5/1 1943. and that I last saw her alive on 5/1 1943.

Immediate cause of death Cardiac decompensation

Due to Mitral insufficiency

Due to Rheumatic cardio-vascular disease.

Other Conditions Pleural & pericardial effusion

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hearce Macauhlin M. D.
Address Univ. Hospital Date signed 5-1-43

C 03920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03920

Registered No. 638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. Bradford St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Bradford St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Preit

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13-1876

8. AGE: Years 66 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Anna Haas
15. Birthplace Germany

16 (a) Informant Mrs Bertha Bena
(b) Address 1101 N. Bradford (May

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 5-43 (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director John C. Whilly Inc
(b) Address 9435 E. Biddle St

19 (a) MAY 2 - 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 3 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1943, to May 1 1943, and that I last saw h[illegible] alive on April 30 1943

Immediate cause of death: Cardiac Failure?
Due to Pneumonitis
Hypertensive Cardio-
Due to vascular disease
Hypalorisaris?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Otto Link
Address Univ. Hosp. Date signed 5-7-43 M. D.

C 03921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. C 03921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 N. Bouldin St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 N. Bouldin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Nathaniel H. Bromwell

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-0761

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowers

6 (b) Name of husband or wife Catherine Bromwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 - 1883

8. AGE: Years	Months	Days	If less than one day
59	6	15	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name Samuel Bromwell
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Catherine Cook
15. Birthplace New York

16 (a) Informant Ida C. Winderlum
(b) Address 432 N. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director John C. Miller Inc.
(b) Address MAY 3 1943 ast Oliver St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1943, at 1.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1943 to May 2 1943 and that I last saw h[illegible] alive on May 2 1943

Immediate cause of death Bronchogenic Carcinoma of Lung — Duration ?

Due to

Due to

Other Conditions Hydrothorax, Left

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Lester M. D.
Address St Joseph's Hosp. Date signed 5-3-43

VS 3

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 2000

C 03922

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Ulman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Rodin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE: Years: 56 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business: Merchant

FATHER
12. Name: Israel Rodin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ette ?
15. Birthplace: Russia

16 (a) Informant: Mrs Rose Mednick
(b) Address: 2817 Ulman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 4, 1943 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Young Men Cemetery
Location: Winsdor Mill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) May 3 1943 (Signature of registrar) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/3/43 19... at 7.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 3 1943 and that I last saw h.. alive on May 2 1943

Immediate cause of death: Fever of undetermined Origin — Duration: 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Isaac H. Gallaher
Address: Sinai Hospital Date signed: 5/3/43 M.D.

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TYPEWRITER, WITH UNFADING INK.

C 03923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

C 03923 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene + Redwood Sts

(c) Hospital or institution: University Hospt. W

(d) Length of stay in hospital or inst. (yrs., mos. or days) 28 da

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5904 Old Hydes Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marshall Melvin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Emma Jennie Melvin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1870

8. AGE: Years	Months	Days	If less than one day
72	9	20	hr. min.

9. Birthplace Duffield, W. Va (Darke.) (Town, county, and state)

10. Usual Occupation Merchant.

11. Industry or business Mens. Furnishings

FATHER

12. Name Jacob L. Melvin.

13. Birthplace Duffield, W. Va. (Darke)

MOTHER

14. Maiden Name Nealie Snyder

15. Birthplace Jefferson Co. W. Va.

16 (a) Informant Emma J. Melvin.

(b) Address 5904 Old Hydes Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)

(c) Cemetery or crematory Edgehill Cem

Location Charlestown W. Va.

18 (a) Funeral director Young Byers

(b) Address 5005 Old Hydes Ave.

19 (a) MAY 6 1943 (Registrar) (b) Huntington Williamsport Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1943, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943 to 5-2 1943, and that I last saw h(im/er) alive on 5-2 1943

Immediate cause of death Bronchopneumonia

Carcinoma of Larynx.

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation 4-12-43

Major findings of operation: Carcinoma of Larynx

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas B. Wenner M. D.

Address University Hosp. Date signed 5/2/43

C 03924 Bel 7-10

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gambrills (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Helen Lee Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1942

8. AGE: Years	Months	Days	If less than one day
	4	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wayne Phillips
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elfie L. Cox
15. Birthplace West Virginia

16 (a) Informant Hospital
(b) Address 33 & Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1943 (month) (day) (year)
(c) Cemetery or crematory Gambrills
Location Gambrill Md

18 (a) Funeral director J. P. Harden & Son
(b) Address Galesville Md

MAY 3 1943

19 (a) (Date rec'd by registrar) (b) Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 8:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 3 1943, and that I last saw him alive on May 3 1943.

Immediate cause of death Cardiac & respiratory failure — Duration

Due to Cardiac - spinal meningitis

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Lee Morgantaye Jr. M. D.
Address 332 E. University Pkwy Date signed 5-3-43

VS 189

03925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 03925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Battery Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Battery Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Weiler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 1869

8. AGE: Years	Months	Days	If less than one day
73	6	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name Rochus Weiler
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Beigert
15. Birthplace Germany

16 (a) Informant Miss Sophia Weiler
(b) Address 1231 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway

18 (a) Funeral director Elizabeth Harle Inc
(b) Address 115-60 West St. Annapolis, Md.

19 MAY 4 1943 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 at 3 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to May 1 1943, and that I last saw h[illegible] alive on April 30 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions: Diabetes - Arteriosclerosis - Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Schmunk, M.D.
Address 1337 S. Charles St. Date signed 5/3/43

03926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

Registered No. C 03926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 323 S. Fremont

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 323 S. Fremont (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Emma Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Walter Stafford

6 (c) If alive, give years

7. Birth date of deceased (mo., day, yr.) Feb 20 - 188[illegible]

8. AGE: Years 63 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name John Smith

13. Birthplace Md

14. Maiden Name Lethe Custus

15. Birthplace Va

16 (a) Informant Lillian S. Smallwood

(b) Address 126 N. Pearl

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 6-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location [illegible] a. a Ce

18 (a) Funeral director Sam'l M. Chase & Son

(b) Address 638 N. Gilmor St

MAY 4 - 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1943, to 5/2 1943, and that I last saw h[illegible] alive on May 2 1943.

Immediate cause of death Carcinoma of Uterus — Duration 4 mos

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Granville Phillips

Address 1373 Penna. Ave Date signed 5/3/43

F 03927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1210 Registered No. 03927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 Notre Dame Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 Notre Dame Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank W. Yonge

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Wife - Ella Yonge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21st 1870

8. AGE: Years	Months	Days	If less than one day
72	4	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business G. C. Sawyer & Co

FATHER
12. Name Henry Yonge
13. Birthplace Md.

MOTHER
14. Maiden Name Lidy A. Musick
15. Birthplace Phila. Pa.

16 (a) Informant Mrs Mary B. Klages
(b) Address 417 Notre Dame Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st.

19 (a) MAY 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943 2:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 3 1943
and that I last saw h[illegible] alive on May 3 1943.

Immediate cause of death	Duration
Intracranial (Hge. Thrombosis)	1943
Chronic Art. Nephritis	1943
Due to Chr. Myocarditis	1940
Due to	
Other Conditions Cat. Cardiac Arteriosclerosis	1943

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Bishop
Address 611 Shoreham Rd Date signed May 3 1943

VS 180

Bishop

03928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 03928
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E University Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 215 E University Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Oliver Kalbfus

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary K Kalbfus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1857

8. AGE: Years 90 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Restaurant

FATHER
12. Name John Kalbfus
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Curtis J Kalbfus
(b) Address 215 E University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 Park Ave

MAY 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1943 to May 1 1943 and that I last saw h[illegible] alive on April 28 1943.

Immediate cause of death: Bronchopneumonia — Duration 4/28/43

Due to —

Due to (5 years)

Other Conditions arteriosclerosis & arterial hypertension — 5 yrs.
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis E Kreuzer M. D.
Address 722 N. Kenwood Ave Date signed May 4/43

03929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

36 P

C 03929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR ROLL. PREPARED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20'
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia E. Hunter

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Howard E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4. 1858

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	9	27		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Wilkinson
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte Miller
15. Birthplace Germany

16 (a) Informant Mr Geo J Schneider
(b) Address 2518 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director Fulton Coffin Co Inc
(b) Address 1214 E Fayette St

19 MAY 4 - 1943 (b) Huntington Williams Blvd

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to 5/1 1943 and that I last saw her alive on 5/1 1943.

Immediate cause of death Ruptured Aneurysm, Arch of Aorta — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewar Langfelder M. D.
Address 400 S. Payson St. Date signed 5/3/43

VS 180

Mag 03930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. C 03930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. Hughes St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Jones Fields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL APR 30 1943

18 (a) Funeral director Commissioner of Health

(b) Address Huntington Williams, M.D.

MAY 4 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1943, at 12:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Shock	Duration
Due to	Multiple lacerations and bruises of head, body & extremities	
Due to	Severe beating	
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence March 14 1943 at 12:20 A M
(c) Where did injury occur? 38 E. Hughes St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Beaten with an candle

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed March 14 1943

F0050

VS 6

Important. Physicians: please write the causes of death clearly and legibly.

C 03931

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 03931

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Stanley Ayres Cyyr

(a) Residence: No. 1826 Thames St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL APR 30 1943

19. UNDERTAKER Commissioner of Health

(Address)

20. MAY 4 1943 Hunter Stevenson Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24- 12.35P, 1943

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by Inquest, Autopsy or Inquiry and that said deceased came to ___ death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury?

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard J. Madden, M. D.

(Address) 700 East Lanvale St.

V 8 8

F 0049

03932 ✓ C 03932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Violet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	new born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1943

8. AGE: Years	Months	Days	If less than one day
			1 hr. 15 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Melvin Jacobs
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ruth Levenson
15. Birthplace Baltimore, Md

16 (a) Informant Ruth Jacobs
(b) Address 2907 Violet Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL APR 27 1943

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

MAY 4 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1943 to Apr 15 1943 and that I last saw h[illegible] alive on Apr 15 1943.

Immediate cause of death Premature birth

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C[illegible] Andrews M. D.
Address [illegible] Date signed 4/19/43

VS 2

F 9048

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

C 03933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No. C 03933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 S. MACON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 S. MACON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL BREIER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	213 09 4063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA BREIER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 27 1873

8. AGE: Years	Months	Days	If less than one day
69	9	5	hr. min.

9. Birthplace AUSTRIA HUNGRY (Town, county, and state)
10. Usual Occupation BRICKLAYER
11. Industry or business

FATHER 12. Name MICHAEL BREIER
13. Birthplace AUSTRIA

MOTHER 14. Maiden Name KATHERINE HAUSNER
15. Birthplace AUSTRIA

16 (a) Informant ANNA BREIER (WIFE)
(b) Address 522 S. MACON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 5/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lillian Zeiler INC.
(b) Address 403 S. MOLER ST.

19 MAY 4 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 2 1943, at 1:25 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1940 to 5/2 1943.
and that I last saw h[illegible] alive on 5/2 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Greenberg M. D.
Address 461 Eastern Date signed 5/3

VS 8

03934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

C 03934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie H. Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race col | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Harris
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Wilson
15. Birthplace Balto

16 (a) Informant Charlotte Thomas
(b) Address 2104 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Balto Md.

18 (a) Funeral director Archibald A Gaffin
(b) Address 2161 McCulloh St

19 (a) MAY 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943, to May 1943, and that I last saw h alive on May 1 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Cerebral Thrombosis	
Due to Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Erlebacher M. D.
Address 803 N Fremont Ave Date signed May 3

VS 8

03935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 03935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6005 Belvoir Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Stevenson Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Louisa W. Allers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late John H. Allers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1858

8. AGE: Years	Months	Days	If less than one day
84	4	32	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob F. Abrecht
13. Birthplace Germany

MOTHER
14. Maiden Name Eleanor Muth
15. Birthplace Germany

16 (a) Informant Mrs. Lawrence F. Price
(b) Address 604 Stevenson Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 E. Monument Ave

19 MAY 4 1943 (Date received) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 10a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1942 to May 2 1943 and that I last saw h e alive on May 2 1943

Immediate cause of death Chronic Myocarditis — Duration: 1 mo

Due to — Duration: 7 y

Due to — Duration:

Other Conditions Arteriosclerosis & Chronic Nephritis — Duration: 1 mo
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Leighton Jr. M.D.
Address 112 W. 20th St Date signed May 4, 43

V8 2

03936 Exempt.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE ON THIS LINE OR BELOW IT. THIS SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Green
(c) Hospital or institution University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Beechfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Saumenig. (SAUMENIG)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1937

8. AGE: Years	Months	Days	If less than one day
5	10	2	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Leonard C. Saumenig
13. Birthplace Md

MOTHER
14. Maiden Name Marie Conaghey
15. Birthplace N. Carolina

16 (a) Informant Leonard C. Saumenig
(b) Address 745 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director Harry H. Wirtzke
(b) Address 4101 G Edmondson Ave

19 MAY 4 1943 (b) Huntington Hillcrest, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/43 19 at 3:1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/43 19 to 5/4/43 19, and that I last saw him alive on 5/1/43 19 43.

Immediate cause of death: Aplastic Anemia — Duration

Due to

Due to Thrombocytogenic

Other Conditions Thrombocytopenic Purpura + Splenectomy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5/4/43

VS 150

C 03937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 03937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3117 Normount Ave.
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Normount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN LOUIS LANG

3 (b) If veteran, name war --

3 (c) Social Security Account No. 215 - 10 - 1543

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1901

8. AGE: Years 42 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Fidelity Deposit

FATHER
12. Name John L. Lang
13. Birthplace Md.

MOTHER
14. Maiden Name Emily G. Theisz
15. Birthplace Balto., Md.

16 (a) Informant Miss Helen W. Lang
(b) Address 3117 Normount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1942 to May 1943, and that I last saw him alive on April 28 1943.

Immediate cause of death Coronary thrombosis — Duration

Due to Arteriosclerosis of coronaries

Due to

Other Conditions Pernicious anemia, Prostatic hypertension (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Tillman M. D.
Address 3035 St. Paul St Date signed May 3, 1943

VS 3

Physicians: please write the causes of death clearly and legibly. The ... information should be carefully ... important.

C 03938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. C 03938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4233 Euclid Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 78
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4233 Euclid ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas M. Armacost

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Minnie J. Armacost
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	26	hr. min.

9. Birthplace Baltimore, Md
(Town, county and state)
10. Usual Occupation House Painter
11. Industry or business

FATHER
12. Name Thomas M. Armacost, Jr
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Mallonee
15. Birthplace ✓

16 (a) Informant Mrs. Minnie J. Armacost
(b) Address 4233 Euclid ave

17 (a) Burial (b) Date thereof 5/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard J. Blight, Jr
(b) Address 4944 Belair Road

19 (a) MAY 4 - 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/43 19 , at 12 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 21 19 to 5/1 19 43, and that I last saw him alive on 4/30 19 43.

Immediate cause of death	Duration
Coronary Thrombosis	3 day
Due to Hypocardiotis I	2 yrs
Due to Cardiac Asthma	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mrs Bonella
Address 4413 Fredhave Date signed 5/3/43

VS 3

Physicians: please write the causes of death clearly and legibly.

C 03939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133

C 03939 Registered No.

Typewriter

Please fill in all items of information. Any question or information should be carefully answered. Do not omit any information. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Holland St 1928 Hopkins Pl. 57
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Russell ~~Riddell~~ PINDELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	3		hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joshua Pindell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Delia Riley
15. Birthplace Balto Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 3 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 4 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

F 0054

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 9 00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute suppurative nephritis	
Due to	
Due to	
Other Conditions Acute pericarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fletcher M.D.
Medical Examiner.

Date signed

(over)

White.

03940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. C 03940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 1024 N. Mount st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife James E. White

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 74 Yrs. Months — Days — If less than one day hr. min.

9. Birthplace Pickens Co. S. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace S. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace S. C.

16 (a) Informant Lawrence Bowers
(b) Address 1024 N. Mount st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Pennsylvania Ave.

19 (Date received by registrar) MAY 4 - 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1943 to 5/2 1943 and that I last saw her alive on 5/1 1943

Immediate cause of death
Cardio-Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 Da.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. J. Hatcher

Address 1725 Park Date signed 5/4/43

VS 150

03941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 03941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 N. Charles St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 N. Charles St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Lulu H. Dunlap

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1872

8. AGE: Years	Months	Days	If less than one day
71	1	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER 12. Name Charles L. Dunlap
13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary A. Darrington
15. Birthplace Baltimore

16 (a) Informant Ethel D. Hearn
(b) Address 3706 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery Lorraine
Location Windsor Mill Road, City

18 (a) Funeral director John D. Mitchell
(b) Address 1900 Eutaw Place

19 MAY 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1943 to 4/30 1943 and that I last saw her alive on 4/30 1943.

Immediate cause of death	Duration
Arteriosclerotic CVHD	
Generalized Arteriosclerosis	
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard Agnew Lefebvre M. D.
Address 2511 Reisterstown Rd. Date signed

Robert Lee Graham M.D. 5/4/43

03942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706 ✓ Registered No. C 03942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Harlem st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PETER (McCORMACK) McConer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 905

8. AGE: Years	Months	Days	If less than one day
35	1	29	hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fenase McConer
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Sidy White
15. Birthplace S. Carolina

16 (a) Informant Berlee Green
(b) Address 1602 Miller St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May (month) (day) 1943 (year)

(c) Cemetery or crematory
Location James Store S. Carolina

18 (a) Funeral director Mrs Robert A. Elliott
(b) Address 1129 N. Carolina St.

19 (a) MAY 4 – 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1943, at 2 20 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hemorrhage, abdominal

Due to Crushing of bowels

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-1-43 at 12:35 P. M.
(b) Where did injury occur? Corner of Madison St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 5-1-43

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C 03943 432468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30D

C 03943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriet Bennett Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife James Hughes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name John Bennett
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md.

18 (a) Funeral director Byron Mamie H. Wright
(b) Address 721 Dispatch St

19 (a) MAY 4 1943 (Date accepted by registrar) (b) Hunter for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1943, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1943, to Apr 18 1943, and that I last saw h[illegible] alive on Apr 18 1943.

Immediate cause of death Cerebral vascular accident
Due to Hypertensive cardiovascular disease
Due to
Other Conditions cerebral hemorrhage

Duration
?
17 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: on alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J C Duncan Jr
Address J H H Date signed 4-26-43

C 03944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

C 03944 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 W. Balto. St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 19 B
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 W Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John B. Hoffman

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-05-6721

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Yates Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 - 1887

8. AGE: Years 55 | Months 11 | Days 8 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Manager.

11. Industry or business Theatre.

FATHER 12. Name John D. Hoffman

13. Birthplace Unknown

MOTHER 14. Maiden Name Emma Harrison

15. Birthplace England

16 (a) Informant Mrs. Emma Hoffman

(b) Address 1501 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-43 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Balto. Md

18 (a) Funeral director Geo Z. Boyer Jr

(b) Address 1512 Hollins St

19 MAY 4 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 at 3¼ M

21. I certify that death occured on the date above stated; that I attended deceased from April 30 1943 to May 1 1943. and that I last saw h[illegible] alive on April 30 1943

Immediate cause of death Mitral Stenosis — Duration

Due to Rheumatic Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Siscovick M. D.

Address 1429 W Fayette St Date signed 5/3/43

Siscovick

C 03945,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03945

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 E. Balto. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs and

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Hill Dregent

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-2960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Rose -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
59				

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Morton Dregent
13. Birthplace Poland

MOTHER
14. Maiden Name Doya -
15. Birthplace Poland

16 (a) Informant Charles Dregent
(b) Address 7208 W. North Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)
(c) Cemetery or crematory Bydale
Location Phil. Rd.

18 (a) Funeral director Jose Lewis Inc
(b) Address 1439 E Balto St

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3-43 19 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 3 1943, and that I last saw him alive on May 3 1943.

Immediate cause of death	Duration
a Acute Cardiac Dilatation	1 day
Due to Chronic Myocardial failure	1 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. C. Feldman
Address 1440 E Balto St Date signed 5/4/43

VS 150

C 4334946 C 03946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 03946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 E. 20½ St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Tooblin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/14/27

8. AGE: Years	Months	Days	If less than one day
16	0	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Paynter Sanders
(b) Address 1412 E. Preston St

19 MAY 4 1943 (b)
(Date rec'd by Registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1943, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943, to May 2 1943, and that I last saw him alive on May 2 1943.

Immediate cause of death
Respiratory Failure
Due to Tuberculous meningitis
Due to Miliary Tuberculosis
Other Conditions (None)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
•
1 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Yeantlin M.D.
Address Johns Hopkins Hosp Date signed 5/3/43

VS 150

COPIES MAY BE OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT. Only a copy bearing the seal of the Department is legally valid.

C 03947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 03947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 N. Central ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15- 1861

8. AGE: Years	Months	Days	If less than one day
62	1	16	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Ga

MOTHER
14. Maiden Name Unknown
15. Birthplace Ga

16 (a) Informant Henry Cook
(b) Address 637 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. a

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1943 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26- 1943 to 5-1-43 19 and that I last saw h[illegible] alive on 4-29, 1943.

Immediate cause of death
(a) Myocarditis

Due to

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Odom M. D.
Address 312 E 23rd St Date signed 5-4-43

VS 180

correct age is especially important when deceased is under one year, or 100 years or more.

3948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 03948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1342 Cleveland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 Cleveland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
M	C	Widower	Lizzie Johnson	years

7. Birth date of deceased (mo., day, yr.) May 30 - 1874

8. AGE: Years	Months	Days	If less than one day
68	11	272	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER — 12. Name	Henry Johnson
FATHER — 13. Birthplace	Md
MOTHER — 14. Maiden Name	Elizabeth Morris
MOTHER — 15. Birthplace	Md

16 (a) Informant Elizabeth Johnson
(b) Address 1342 Cleveland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 638 N. Gilmor St

MAY 4 - 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 2 - 1943, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 2 - 1943 to 5 - 2 - 1943 and that I last saw h.. alive on 5 - 1 - 1943.

Immediate cause of death Endocarditis

Due to

Due to

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Carlson M. D.
Address 1016 S. Sharp St Date signed

VS 110

correct age is especially important. Abbreviations: please write the cause of death clearly and legibly.

3949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

C 03949 Registered No.

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 Penna ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1225 Penna ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Hendersons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 12-23-1905

8. AGE: Years 37 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Henderson
13. Birthplace Md

MOTHER 14. Maiden Name Lizzie Jones
15. Birthplace Md

16 (a) Informant Lizzie Hendersons
(b) Address 1225 Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Milligan & Jackson
(b) Address 846 Lexington

19 (a) MAY 4 - 1943 (Date rec'd by registrar) (b) Thomas J. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to May 2 1943.
and that I last saw h alive on 5-1- 1943

Immediate cause of death

Duration

Aortic Regurgitation 4 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. D. Hatcher M. D.
Address 1225 Penna Ave Date signed

03950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220

C 03950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. High St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Rizza or (Pernicocola

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1871

8. AGE: Years 72 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Anthony Marano
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Eva D'Amico
(b) Address 414 S. High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 7 (day) 43 (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Edmondson Rd

18 (a) Funeral director Martin F. E. Lippel
(b) Address 37 S. Amon St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943 at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 3 1943 and that I last saw h[illegible] alive on May 3 1943

Immediate cause of death Pulmonal Obstruction — Duration 2 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify which place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 529 York Rd Date signed 5.4.43

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

08951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950

C 03951
Registered No.

PLEASE WRITE PLAINLY, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1929 McElderry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 McElderry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Tauber

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife: John Tauber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 2, 1860

8. AGE: Years	Months	Days	If less than one day
82	11	01	hr. min.

9. Birthplace: Austria (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name: Martin Biebl
13. Birthplace: Austria

MOTHER
14. Maiden Name: Martha Schekel
15. Birthplace: Austria

16 (a) Informant: Ida Denlein
(b) Address: 1929 McElderry St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: M. W. E. Dyer & Sons
(b) Address: Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 43 to May 3 1943.
and that I last saw h[illegible] alive on May 2 43
Immediate cause of death: Pulmonary Thrombosis
Due to: Arterial Hypertension
Due to: Chronic Nephritis
Other Conditions: Carcinoma of Prostate
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration: 3 mos. / 1 mo. / 1 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: J. Fred Rutzick M. D.
Address: 600 N. Patterson Park Ave
Date signed:

VS 150

C 03952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

C 03952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED Anne Arundel
(a) State Md (b) County Baltimore
(c) City or town Linthicum (If outside city or town limits, write RURAL and give town)
(d) Street No. Camp Meade Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Hines Pratt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Vallonia B Pratt, Nee Baldrey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1879

8. AGE: Years	Months	Days	If less than one day
64	4	2	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Superintendent
11. Industry or business

FATHER
12. Name Thomas S Pratt
13. Birthplace New York

MOTHER
14. Maiden Name Gertrude Bines
15. Birthplace New York

16 (a) Informant Mrs Frederick H. Pratt
(b) Address Linthicum Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1943 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore, Md.

18 (a) Funeral director Thomas D. Pringleton
(b) Address Glen Burnie, Md.

19 (a) 1943 (b) [illegible] Registrar
Received by Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1943, to May 3rd 1943, and that I last saw h[illegible] alive on May 3rd 1943.

Immediate cause of death Cardio-resp. failure — Duration 3 Mos.
Due to coronary occlusion
Due to arteriosclerosis
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp Date signed 5/12/43

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 03953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C 03953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Riverside Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Rose Brehm (WELLS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 - 1911

8. AGE: Years 32 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Wm. L. Brehm
13. Birthplace Balto.

MOTHER
14. Maiden Name Anna L (Brady)
15. Birthplace Balto.

16 (a) Informant Anna L Brehm
(b) Address 207 Riverside Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director John B Connelly
(b) Address 418 Eastern Ave. Essex

MAY 4 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 1943, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1943 to 5-1 1943 and that I last saw h[er] alive on 5-1 1943.

Immediate cause of death: Multiple Pulmonary Septic emboli — Duration: 20 days
Due to Subphrenic abscess due to Generalized peritonitis — 25 days
Due to Acute Suppurative appendicitis, Perforated — 39 Days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Krieg M. D.
Address Bon Secours Hosp Date signed 5-1-43

Important: Physicians: please write the causes of death clearly and legibly.

VS 8

C 03954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63B

C 03954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Potomac (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Robert Martin Rupp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Mrs. R. M. Rupp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	9 21	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Furniture Dealer
11. Industry or business

FATHER
12. Name Harry J. Rupp
13. Birthplace Penn.

MOTHER
14. Maiden Name Sallie Ziegler
15. Birthplace Penn.

16 (a) Informant Wife Mrs Robert Rupp
(b) Address Hagerstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.

18 (a) Funeral director Walter Y. Grove
(b) Address Waynesboro Pa.

19 (a) MAY 4 1943 (b) Registrar Williams M.D. Registrar

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943 to May 4 1943, and that I last saw deceased alive on May 4 1943

Immediate cause of death Cardiac failure — Duration
Due to Thyro toxicosis
Thyro toxic heart disease
Due to
Other Conditions Thyroidectomy & complications
(Include pregnancy within 3 months of death)
Date of operation May 3, 1943
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. MacVane, Jr.
Address Union Mem. Hosp. Date signed May 4 43

03955

AB- 64108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. C 03955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Yrs. 1Mo. 17Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Levi Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1876 ?

8. AGE: Years 66 ? Months ? 11 Days ? If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Followed the Water

11. Industry or business

FATHER
12. Name George Jacobs
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Gardner
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 4 1943

18 (a) Funeral director Commissioner of Health
(b) Address MAY 4 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1941, to 4-20 1943, and that I last saw h— alive on 4-20 1943

Immediate cause of death
Massive Lung Lesion
from ? Pulmonary Thrombosis
Due to Pulmonary Emphysema ?

Due to

Other Conditions Hypertensive cardio vascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 4-29-43

VS 180

0055

C 03956 Reeler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

C 03956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Emergency Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 ½ Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Reeder

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-28-7833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Esther Reeder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1893

8. AGE: Years	Months	Days	If less than one day
48	-	3	hr. min.

9. Birthplace West Va. (Town, county, and state)

10. Usual Occupation Pipe fitter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Esther Reeder
(b) Address Ellamore West Va.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Union Cem
Location Huntington West Va.

18 (a) Funeral director Philip Herrig Sons
(b) Address 2024 Orleans St

19 (a) MAY 4 1943 (Date received by Registrar) (b) Signature of Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 10 40 P M

21. I certify that I took charge of the remains described above, held an Inquest in person thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 1st 1943 at 2:30 A M
(b) Where did injury occur? North Ave near Morris Alley
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury pedestrian struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1943

03957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a Registered No. C 03957

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 Wilson St
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and name town)
(d) Street No. 538 Wilson St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day - hr. min.

9. Birthplace 538 Wilson St
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Mary White
15. Birthplace Lancaster Co Va

16 (a) Informant Mary White
(b) Address 538 Wilson St

17 (a) Burial, cremation, or removal (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 4 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 4 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 3

20. DATE OF DEATH May 2 19[illegible], at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943, to May 2 1943, and that I last saw him alive on May 2 1943.

Immediate cause of death Atelectasis of Lungs — Duration

Due to

Due to Malformation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. W. Pinedale M. D.
Address 632 Druid Park Dr. Date signed May 3 1943

VS 3

10056

correct age is especially important. Physicians, please

3958

HEALTH DEPARTMENT—CITY OF BALTIMORE G 03958

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1128 Roland Heights Ave. Ward 4)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Krout

(a) Residence: No. 1128 Roland Heights Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2, 1943

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Irving A. Krout

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bertha F. Wells

16. BIRTHPLACE (city or town) (State or country) Memphis Tenn

17. INFORMANT Mother (Address) 1128 Roland Heights

18. BURIAL, CREMATION, OR REMOVAL Place JOHN HOPKINS MEDICAL SCHOOL. MAY 4 1943

19. UNDERTAKER Commissioner of Health (Address)

20. FILED MAY 4 1943 Herrington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
23 weeks Miscarriage	
Ten minutes after birth	
death occurred	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, scicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Hall M. D.

(Address) 1128 Roland Heights Ave.

OCCUPATION REVISED

G 03959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G 03959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 N. Clement St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Clement St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Henry Greb

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-09-6468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife (Nee Hahn) Emma E. Greb
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	3	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Dryer Operator for
11. Industry or business Bso. Grain Elevators

FATHER
12. Name Charles Greb
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Kriimmelbein
15. Birthplace Germany

16 (a) Informant Mrs. Emma E. Greb
(b) Address 120 N. Clement St. (Wife)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director C. Howard Brown
(b) Address 1400-02 N. Charles St.

MAY 4 — 1943
Registered by [illegible]

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943. 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to May 3 1943, and that I last saw him alive on May 3 1943.

Immediate cause of death
(a) Pneumonia — Duration 2 Days
Due to
(b) Cerebral Hemorrhage — 4 Mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Campbell M.D.
Address 164 E. Hamburg Date signed 5/4/43

PLEASE WRITE CLEARLY, with ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that your answers to questions are complete and correct. Accuracy, completeness, and legibility are especially important.

~~G-03960~~ G.03960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

~~G-03960~~ Registered No. G.03960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N. Payson St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma A. Minnick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm F Minnick
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 31. 1871

8. AGE: Years	Months	Days	If less than one day
71	9	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name James R. Clowman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah G. Hackney
15. Birthplace Baltimore

16 (a) Informant Mrs. Lillie M. Cobb
(b) Address 606 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Thos. F. Kemp
(b) Address 1600 Hollins St.

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) MAY 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1943 to May 1 1943 and that I last saw her alive on May 1 1943.

Immediate cause of death	Duration
Myocardial failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rowland J. Haaman M. D.
Address 4037 Falls Rd. Date signed 5/6/43

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

~~C-~~ D.03961 BALTIMORE CITY HEALTH DEPARTMENT ~~C-~~

CERTIFICATE OF DEATH

1312 Registered No. D03961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Pennsylvania Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH OLIVER FOSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
Sp. American	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1891 [illegible]

8. AGE: Years	Months	Days	If less than one day
62	3	21	- hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed 7-8 yrs.
11. Industry or business

FATHER
12. Name Wm. T. Foster
13. Birthplace ?

MOTHER
14. Maiden Name Ara Sweeney
15. Birthplace Ireland

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43. (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location [illegible] Rd.

18 (a) Funeral director C. Lee Ady
(b) Address 4644 York Rd.

19 (a) [illegible] Washington Williams, Registrar
(Date received) MAY 4 1943

MEDICAL CERTIFICATION P.

20. DATE OF DEATH April 30, 1943, at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 1943 to Apr. 30, 1943 and that I last saw him alive on Apr. 30, 1943

Immediate cause of death Hypertensive cardio vascular renal disease — Duration Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury None

23. Signature [illegible] M.D.
Address Baltimore, Md. Date signed 5/3/43

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

VS 200

Va-13035

G 03962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 03962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. If unknown or if the question is not applicable, please write the word "unknown" or "not applicable," as the case may be. Do not leave any blank. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Williams Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Charles Edelmann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAR. 21st 1891

8. AGE: Years 53 | Months 1 | Days 12 | If less than one day hr. — min. 1140

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Meat Business

FATHER
12. Name Charles Edelmann
13. Birthplace Maryland

MOTHER
14. Maiden Name Clarice Ensey
15. Birthplace Maryland

16 (a) Informant Charles Edelmann
(b) Address 5008 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 May 4th 1943 Huntington Williams, M.D. (Date received by registrar) (Signature of registrar)

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1943, at 1:18 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1943, to 5-3 1943, and that I last saw h— alive on 5-3 1943.

Immediate cause of death
Carcinoma of Stomach,
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Alfred A Garrison M. D.
Address St Agnes Date signed 5-3-43

G 03963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 03963 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. E 1521 Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) Full name Wm S Sowers

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wh	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73	0	0	0 hr. 0 min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual Occupation Lab

11. Industry or business

FATHER
12. Name Peter H Sowers
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden Name Rebecca Jones
15. Birthplace Dorchester Co Md

16 (a) Informant Wm. H Sowers
(b) Address Cambridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 '43 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Cambridge Md

18 (a) Funeral director Lewis H Steiner
(b) Address Cambridge Md

MAY 6 1943 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 3 1943 and that I last saw h live on May 3 1943

Immediate cause of death Acute Bronchitis — Duration

Due to pneumonia primary

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen M.D.
Address 12 Dugan Ave Date signed May 4 1943

VS 150

G 03964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03964 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Nathans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Mordeica Stucol
13. Birthplace Russia

MOTHER
14. Maiden Name Mindel ?
15. Birthplace Russia

16 (a) Informant Louis Nathans
(b) Address 2234 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Filed May 5 1943 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1943, to May 4 1943, and that I last saw h[illegible] alive on May 4, 1943.

Immediate cause of death	Duration
[redacted] Cardiac failure	
Due to Bronchial pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Wachsman M. D.
Address Sinai Hospital Date signed 5/4/43

Huntington Williams MD

I. WACHSMAN

G 03933

433947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 A

G 03965

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 E. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-7-87

8. AGE: Years	Months	Days	If less than one day
55	10	26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Morris
13. Birthplace Va.

MOTHER
14. Maiden Name Anetie ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert C. Austin
(b) Address 29 N. Carlton St.

19 MAY 5 1943 (Date rec'd by registrar) Huntington Willard, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943 at 11 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 3 1943 and that I last saw h[illegible] alive on May 3 1943

Immediate cause of death Uremia — Duration 7 days

Due to chronic interstitial nephritis

Due to hypertensive cardiovascular disease

Other Conditions complicated by arteriosclerosis, etc.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: [illegible]

Date of autopsy: [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austin
Address The Johns Hopkins Hosp. Date signed 5/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95c

G 03966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 N Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ignatius Adams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1855

8. AGE: Years	Months	Days	If less than one day
88	-	13	hr. min.

9. Birthplace Charles County Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Sarah Ann Mudd
15. Birthplace Charles Co. Md.

16 (a) Informant Rosie Adams Rainey
(b) Address 1521 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Frederick Road

18 (a) Funeral director Mrs. Robert G. Elliott & Son
(b) Address 1129 N. Carlton St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943, to April 25 1943, and that I last saw h[illegible] alive on April 25th 1943.

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Arterio-sclerosis,	
Due to Hypertension.	
Due to Auricular Fibrillation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry G. Moe M. D.
Address 118 Dispute St. Date signed 5/4/43

MAY 5 - 1943 Huntington Williams, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

G 03967 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Gough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen M. Kavanagh

3 (b) If veteran, name war

3 (c) Social Security Account No. *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife **********

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1870

8. AGE: Years	Months	Days	If less than one day
73	0	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name John Kavanagh
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Kavanagh
15. Birthplace Ireland

16 (a) Informant Mr. Nicholas Kavanagh
(b) Address 1705 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/1943 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Harford Rd., Baltimore

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) [illegible] (b) [illegible] for Williams M.R. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2. 1943, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to May 2 1943, and that I last saw her alive on May 2 1943.

Immediate cause of death Hemiplegia

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Klaus M.D.

Address 2627 E. Date signed 5/7/43

G 03968 Wv 706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 Pickwick Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary D. Kershner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Late Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	7	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mc Gowan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Frances Doyle
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland
17 (a) Burial (b) Date thereof May 6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd
18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave
MAY 5 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943, at 11:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1941, to May 3 1943, and that I last saw her alive on May 3 1943.

	Duration
Immediate cause of death Carcinomatosis	4 1/2 mos.
Due to Arteriosclerosis (b)	1 year 10 months
Due to (c)	
Other Conditions Senile Psychosis	2 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dewitt T. Mayer M. D.
Address 332 Washington Blvd Date signed

VS 1

correct age is especially important. If unknown, please write the words "not known."

03969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. C 03969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 182 W. Hamburg St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Uncertain

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 182 W. Hamburg (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1895

8. AGE: Years 57 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Self employed

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Annie Jackson
(b) Address 182 W. Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 MAY 5 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1943 to May 1 1943 and that I last saw him alive on Apr 30 1943

Immediate cause of death: Acute Intestinal Obstruction — Duration: 5 days
Due to unknown
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Wyatt W Squires
Address 665 W. Barre Date signed 5/7/43 M. D.

VS 3

G 03970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 03970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline M. Schenuck

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Valentine Schenuck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31 1867

8. AGE: Years 75 | Months 4 | Days 32 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Petzold

13. Birthplace Germany

14. Maiden Name —

15. Birthplace Germany

16 (a) Informant Anna P. Schenuck

(b) Address 2207 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1943 (month) (day) (year)

(c) Cemetery or crematory St Lawrence Park

Location Jessup Md

18 (a) Funeral director Pott & B. M. Walters

(b) Address Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943, at 1.25 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 20 1942 to May 3 1943, and that I last saw him alive on May 2 1943.

Immediate cause of death Myocardial insufficiency

Due to

Due to

Other Conditions Arteriosclerosis. Hypertension. Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Valentine Schenuck

Address 1337 S. Clarke St Date signed 5/5/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 03971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 Prentiss Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 Prentiss Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ann D. Langley

3 (b) If veteran, name war —
3 (c) Social Security Account No. NIKE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married, widowed or~~ divorced. Divorced
6 (b) Name of husband ~~or wife~~ Harry H. Langley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22nd 1878

8. AGE: Years	Months	Days	If less than one day
64	10	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James Clark
13. Birthplace Virginia

MOTHER
14. Maiden Name Kitty McTyeth
15. Birthplace England

16 (a) Informant Grace M. Haught
(b) Address 1734 N. Montford Ave

17 (a) Burial (b) Date thereof 5/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Extended

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAY 5 – 1943 [illegible] for William M[illegible]
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943, at 4:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1943 to 5/3 1943 and that I last saw h[illegible] alive on 5/2 1943.

Immediate cause of death: Coronary occlusion — Duration 4/9/43
Due to
Due to
Other Conditions Duodenal ulcer — 1942
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1445 N. Gay St Date signed 5/3/43

VS 150

OLYANS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 03972 ✓ 108 Registered No. G 03972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Eaton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Eaton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Minnie E Olyans

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15. 1852

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	11	18		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Carl Stutzbach
13. Birthplace Germany

MOTHER
14. Maiden Name Conley (Unknown)
15. Birthplace Germany

16 (a) Informant Olga S Lumley
(b) Address 814 Eaton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/43 (Month) (day) (year)
(c) Cemetery or crematory Lynchburg
Location Lynchburg Va
18 (a) Funeral director Wilbur Cool Inc
(b) Address 1217 Druid St
MAY 5 – 1943 Jas Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 8 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1943, to May 3 1943 and that I last saw her alive on May 3 1943

Immediate cause of death: Lobar Pneumonia — Duration 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl H Benson, M.D.
Address 5111 York Rd Date signed May 4, 1943 M. D.

VS 150

G 03973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 03973 Registered No.

830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 E 33rd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 E 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Hardy Guard

3 (b) If veteran, name war W
3 (c) Social Security Account No. 216-20-7957

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Katharine Guard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1877

8. AGE: Years 65 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Royalty

FATHER
12. Name (Unknown) Guard
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant William H Guard
(b) Address 2626 N Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Fallon Funeral Co
(b) Address 1217 W Baltimore St

19 (a) (Date rec'd by registrar) (b) Huntington Woodlawn Md Registrar

MAY 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943, to May 4 1943, and that I last saw him alive on May 3 1943.

Immediate cause of death: Cerebral Hemorrage — Duration

Due to —

Due to —

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Strickler Jr. M. D.
Address 642 Fremont Ave Date signed May 4/43

VS 104

Correct age is especially important. Physicians please write the causes of death clearly and legibly.

G 03974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166a

G 03974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Biddison Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Henninger
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/43

8. AGE: Years | Months: 1 | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

BOTH PARENTS
12. Name Charles Henninger
13. Birthplace Maryland
14. Maiden Name Elizabeth Ronemaker
15. Birthplace Maryland

16 (a) Informant Mrs. Clyde Henninger
(b) Address 4017 Biddison Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 5 43 (month) (day) (year)
(c) Cemetery or crematory Balto. Mem. Park
Location Balto. Md

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7400 Belair Rd

19 (a) MAY 5 - 1943 (Date rec'd by registrar) (b) Huntington for William H. Hoffman, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1943, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 1943, to May 4, 1943 and that I last saw her alive on May 4, 1943.

Immediate cause of death: Acute Bronchitis — Duration

Due to Pemphigus neonatorum

Due to # Coccogenous dermatitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Krepp, Jr.
Address Md. Gen. Hosp. Date signed 5/4/43

G 03975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157a

G 03975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 E. Oliver St.
(c) Hospital or institution: ~~JOHNS HOPKINS HOSPITAL~~ 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
4 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Elizabeth Lusby

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-42

8. AGE: Years	Months	Days	If less than one day
0	10	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name John Lusby
13. Birthplace ~~Black~~

MOTHER
14. ~~Maiden~~ Name Elizabeth Lusby
15. Birthplace Md

16 (a) Informant Alice Lusby
(b) Address ~~2125 E Oliver St~~ 2125 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address MAY 3 2125 E Oliver St Baltimore, Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 5-4 1943.
and that I last saw her alive on 4-28 1943.

Immediate cause of death ? meningitis — Duration From birth

Due to Spina bifida, meningocele & hydrocephalus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius V. Tsaggis
Address The Hopkins Hospital Date signed 5-5-43

Physician: please write the causes of death clearly and legibly. Registrar: please see that the correct age is especially important.

G 03976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 03976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Argyle ave (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Brown.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-1875

8. AGE: Years 68 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name John Travis

13. Birthplace Md.

MOTHER 14. Maiden Name Emaline ?

15. Birthplace Md.

16 (a) Informant Irene Brown.

(b) Address 1000 Argyle ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) 1943 (b) [illegible] Registrar

MAY 5 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943, at 1.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/43 to May 4 1943 and that I last saw him alive on May 1 1943.

Immediate cause of death Uraemia

Duration days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed May 5 1943

I certify that the above is a correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03977 ✓ G 02977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 456

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St. Agnes Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Thaddeus H. Miles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-83

8. AGE: Years 59 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Thomas Daniel Miles
13. Birthplace South Carolina

MOTHER — 14. Maiden Name Martha Hays.
15. Birthplace S. C.

16 (a) Informant Self.
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof May 6, 1943 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK ~~Glen Haven, Glen Burnie~~
Location ~~Glen Burnie, Md.~~ Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 4 1943, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1943 to May 4 1943 and that I last saw h[illegible] alive on May 4 1943

Immediate cause of death

Duration

Due to Cellulitis Et. Metastatic CA.

Due to Carcinoma of Bowel.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred L. Garrison M. D.
Address 4 Agnes Lane Date signed 5-4-43

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Where information cannot be obtained, write "unknown." Please give full name of husband, wife, father and mother. Please give correct age in years, months and days. Please give correct age in years, months and days. Physicians: please write the causes of death clearly and legibly.

G 03978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 03978 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 N. Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Susanna) SUDIE HELEN ERDMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1874

8. AGE: Years	Months	Days	If less than one day
69	1	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William H. Erdman
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary E. McGlone
15. Birthplace Balto., Md.

16 (a) Informant Miss Mary E. Erdman
(b) Address 1831 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 5 - 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1943, to May 3 1943 and that I last saw her alive on May 3 1943.

Immediate cause of death Cerebral Hemorrhage. — Duration 8 days.
Due to Cerebral arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Bowden.
Address 1517 E Monument Date signed 5/4/43

correct age is especially important. If unknown, please give the best estimate possible.

Original G 03979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Blackwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Hiram

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1890

8. AGE: Years 53 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jim Blackwell
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Linda Dates
(b) Address 812 N. Vincent Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. E. Kelly
(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 18 MAY 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 5 45 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute pulmonary edema

Due to Hypertensive C-V. disease

Other Conditions Obesity

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed May 4 1943

G 03980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03980 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5508 Wayne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5508 Wayne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Witteman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Witteman
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 15 1872

8. AGE: Years	Months	Days	If less than one day
70	6	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Thomas Ross
13. Birthplace Unknown

MOTHER
14. Maiden Name ------- McMahon
15. Birthplace Ireland

16 (a) Informant Amelia M. Witteman
(b) Address 5508 Wayne Ave.

17 (a) Burial (b) Date thereof May 6 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry R. Amacost
(b) Address 4204 Ridgewood Ave

19 (a) [illegible] (b)

MAY 5 1943 Registrar
VS 188 Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/43 19 , at M

21. I certify that death occurred on the date above stated that I attended deceased from 5/2/43 19 to 5/3/43 19 , and that I last saw her alive on 5/3/43 19 .

Immediate cause of death Lobar Pneumonia

Duration

Due to Evidently had Pneumonia for some time - Christian Science - religion -

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harper
Address 5201 Evergreen Oak Date signed 5/4/43

G 03981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03981 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Handy Man

11. Industry or business

FATHER 12. Name John Williams

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Sullivan

15. Birthplace Md.

16 (a) Informant Robert Williams

(b) Address 412

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Baltimore Brantley

19 (a) MAY 5 – 1943 (Registrar's signature) Hunter Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1943 (Year) D M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 5/3/43.

VS 4

G 03982
T.N 80457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1382

G 03982
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 4-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 N. Redwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEE
Helen Waters

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Sept.

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 23rd, 1919

8. AGE: Years	Months	Days	If less than one day
24	1	8	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Lee
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Pierce
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Washington Williams Registrar

MAY 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1-43 19 , at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1943 to 5-1- 1943, and that I last saw her alive on 5-1- 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.D Hauke
Address Balto City Hosp Date signed 5/6/43 M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

G 03983 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 N. Carolina La
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country U.S.A.

3 (a) FULL NAME ALEXANDER SHIPLEY

3 (b) If veteran, name war NO —

3 (c) Social Security Account No. 218-09-9378

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife E. May Shipley
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug 7- 1866

8. AGE: Years	Months	Days	If less than one day
76	8	25 27	hr. min.

9. Birthplace Carroll Co. Maryland. (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Baltimore Transit

FATHER
12. Name John K. Shipley
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Rachel Dixon
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. E. May Shipley
(b) Address 1505 N. Carolina La

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Grove Cemetery
Location Aberdeen, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave., & Broadway

19 MAY 5 - 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1st 1943 to May 4 1943, and that I last saw h alive on May 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 da.
Due to
Due to
Other Conditions Lobar pneumonia Carcinoma
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Bauman M. D.
Address 1 W. Preston Date signed 5/4/43

VS 2

03984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1250

G 03984
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Ashton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Ashton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Hofmann.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife Margareta C. Hofmann.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4-1864

8. AGE: Years	Months	Days	If less than one day
79	1	29	hr. min.

9. Birthplace Germany.
(State, county, and town)
10. Usual Occupation Retired Butcher.
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant John H. Hoffmann.
(b) Address 2122 Ashton St.

17 (a) Burial. (b) Date thereof May 6-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore-Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 5 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd. 1943 at 9.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943 to 5/3 1943 and that I last saw him alive on 5/3/43 19

Immediate cause of death
Acute yellow atrophy of liver
(a)
Due to
Acute alcoholism
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Kelly, M.D.
Address 2030 Wilkens Date signed 5/4/43

Please write the causes of death clearly and legibly.

AB-59643 G 03985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 03985

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 1/2 Presbury St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Kilgore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1875

8. AGE: Years	Months	Days	If less than one day
67	8	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wl Kilgore
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1500 Eight Ave

19 (a) MAY 5 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1943, at 4:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1940 to 4-30 1943, and that I last saw h[illegible] alive on 4-30 1943

Immediate cause of death: Rupture of aneurysm of aorta

Due to: Coronl. arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: As above

Duration: 4 hrs? ?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-3-43

Huntington Williams, M.D.

G 03986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 03986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Frederick Ave
(c) Hospital or institution:
13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 847 W. 34th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME Harry T. Wann

(b) If veteran, name war

3 (c) Social Security Account No. 219-10-9387

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1878

8. AGE: Years 64 | Months 8 9 | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stock Clerk

11. Industry or business Garage

12. Name Daniel A. Wann

13. Birthplace Harford Co, Md.

14. Maiden Name Elizabeth A. Wheeler

15. Birthplace Md.

16. (a) Informant Daniel E. Wann

(b) Address 3428 Elm Ave.

17. (a) Burial (b) Date thereof 5-6-43 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Mary's (Hampden

Location Baltimore Md

18. (a) Funeral director G H Lentz

(b) Address 814 N Eutaw St

19. (a) (Registrar) Huntington Williams M.D. (Date) (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed May 4 1943

G 03987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 03987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 S. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(a) FULL NAME CAMELLA BROOKS

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1890

8. AGE: Years 53 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Green Jefferson

13. Birthplace Va

14. Maiden Name Sally Stokes

15. Birthplace Va.

16. (a) Informant John H. Brooks
(b) Address 105 S. Caroline Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.
Location A. R. County Md

18. (a) Funeral director Joseph D. Lord Jr
Address 4 N. Central Ave

MAY 5 - 1943

(a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943 at 2 10 M

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Williamson M.D.
Medical Examiner.

Date signed 5-5-43

VS 151

02938

BALTIMORE CITY HEALTH DEPARTMENT G 03988 Registered No.

CERTIFICATE OF DEATH 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd St.
(c) Hospital or institution: Union Memorial Hosp 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 14
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Schenley Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Sarah Elizabeth Robust

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Nelson Robust

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 2, 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
80	9	1		

9. Birthplace Maryland - Ellicott City
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Mr Leveel Bewley (D)
13. Birthplace ?

MOTHER
14. Maiden Name ? Talbott (D)
15. Birthplace

16 (a) Informant Otto Grimm
(b) Address 1308 Tinson Ave 4511 white ave

17 (a) (Burial, cremation, or removal) (b) Date thereof May 5-43 (month) (day) (year)
(c) Cemetery or crematory St. Marys C Hampden
Location Baltimore Md

18 (a) Funeral director A. S. Marshall
(b) Address 3529 Falls Road

19 (a) (Date received by registrar) 1943 Huntington Williams

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943, at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2nd 1943, to May 3rd 1943, and that I last saw her alive on May 3rd 1943.

Immediate cause of death	Duration
Cardio-Respiratory Collapse	
Due to Burns of back and Axillae sustained in gas	
Due to stove accident	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 11, 1943 at 2:45 P.M
(c) Where did injury occur? Baltimore - stove adder
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury clothing caught fire from gas stove

23. Signature Howland Edward Bray M. D.
Address Union Memorial Hosp Date signed 5-3-43
for Dr. R. E. Graham
Howard J. Andersen, M.D.

Write legibly. Especially important. Physicians: please write the causes of death clearly and legibly.

WAYRICH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 03989 Registered No. G 03989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or Institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1957 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wayrick J. Wissel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ or wife Mary M. Wissel
6 (c) If ~~dead~~, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 - 1878

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Insurance Salesman
11. Industry or business

FATHER
12. Name Francis Wissel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Lonnendon
15. Birthplace Germany

16 (a) Informant Mary W. Wissell
(b) Address 1957 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 - 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Ellsworth Pennycook
(b) Address 3914 Edmondson Heights Ave.

19 (a) MAY 5 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943 at 7.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943 to May 3 1943, and that I last saw ~~him~~ her alive on May 3 1943

Immediate cause of death Respiratory Failure — Duration
Due to Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Giglia M. D.
Address Mercy Hospital Date signed 5/3/43

VS 186

Please answer all questions as especially important. Physicians: please write the causes of death clearly and legibly.

G 03990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 03990 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3360 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarkson W. Pea.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Louilla E. Pea.
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) May 23, 1873

8. AGE: Years	Months	Days	If less than one day
69	11	11	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Storeyman.
11. Industry or business

FATHER
12. Name Henry C. Pea
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Marshall.
15. Birthplace Md.

16 (a) Informant Louilla E. Pea.
(b) Address 3360 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie, Md.

18 (a) Funeral director Lemmon & Sons
(b) Address 3617 Eastern Ave.

19 (a) MAY 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/43 19 , at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/43 19 , to 5/4/43 19 , and that I last saw h[illegible] alive on 5/4/43 19 .

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Generalized Arterio-Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Goodman M. D.
Address Franklin Sq. Hosp. Date signed

VS 8

G 03991

423561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52

G 03991 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 N. Caroline (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME William Blankford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-72

8. AGE: Years 70 | Months 6 | Days 4 | If less than one day — hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jacob Blankford

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth McTorieh

15. Birthplace Md. McGinnis

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)

(c) Cemetery Lorraine

Location Baltimore, Md

18 (a) Funeral director A. H. Meaux & Son

(b) Address 805 N. Calvert St

19 (a) MAY 5 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1943 to May 5 1943 and that I last saw h[illegible] alive on May 5 1943

Immediate cause of death: Cardiac Failure — Duration

Due to (a) —

Due to —

Other Conditions Tumor of bladder

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James A. Simpson M.D.

Address Johns Hopkins H. Date signed 5-6-43

G 03992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 03992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Pinewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Pinewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANGELINA CURRERI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband ~~or wife~~ Salvatore
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) January 16 1894

8. AGE: Years	Months	Days	If less than one day
49	3	18	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Todaro
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Magliabi
15. Birthplace Italy

16 (a) Informant Rose Curreri
(b) Address 2922 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Road

18 (a) Funeral director Joseph Forage Inc.
(b) Address 2013 Monument Ave

MAY 5 - 1943 (Registered by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1943, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20th 1943, to May 4th 1943, and that I last saw h[illegible] alive on May 3rd 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to Hypertension	1 Year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M. Rosenthal M. D.
Address 1907 Greenmount Ave Date signed 5/4/43

VS 8

G 03993 G 03993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 S. Paca Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 S. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Maraeto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Vincent Maraeto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1863

8. AGE: Years	Months	Days	If less than one day
79 80	6	2	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Homemaker
11. Industry or business

FATHER
12. Name Salvatore Saia
13. Birthplace Italy

MOTHER
14. Maiden Name Anna Testa
15. Birthplace Italy

16 (a) Informant Charles Mezzanice
(b) Address 906 S. Paca Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 7 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Road

18 (a) Funeral director Joseph Fanara Inc.
(b) Address 2013 Monument Ave

MAY 5 - 1943 (Date Rec'd by Registrar)

(a) (b)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 11 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1942 to May 3 1943, and that I last saw h[illegible] alive on May 1 1943

Immediate cause of death Chronic
[illegible] cardiac
Uremia [illegible]

Due to Hypertension
Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 5/5/43

G 03994

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 03994

CERTIFICATE OF DEATH

1937

A. A. 245-60 + 0778

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1443 W. Hamburg St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Peter Herbert Sneed — If U. S. Veteran specify WAR

(a) Residence: No. 1443 W. Hamburg St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Sneed

6. DATE OF BIRTH (month, day, year) Nov 2, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace liner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Revere Copper & Brass

10. Date deceased last worked at this occupation (month and year) 4-6-43 — 11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Oklahoma

FATHER

13. NAME Peter Herbert Sneed, Sr.

14. BIRTHPLACE (city or town) (State or country) Oklahoma

MOTHER

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Francis Sneed (wife)
(Address) 1443 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Park Cemetery Date May 6, 1943

19. UNDERTAKER Charles S. Cooper
(Address) 6 E. N. Calhoun St.

20. FILED MAY 5 - 1943 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1943 to May 2, 1943

I last saw him alive on May 2, 1943 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carotic vascular disease	1-25-43
Acute Nephritis	4-22-43

Other contributory causes of importance

Was an operation performed? No — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical findings & symptoms — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. I. Sampler M. D.

(Address) 43 N. Carey St, Balto

OCCUPATION is very important. See instructions on back of certificate.

G 03995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 03995 / 30 F — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 W. Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 W. Lafayette ave
(If rural give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country

3 (a) FULL NAME Cecilia Marie Puttyman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1943

8. AGE: Years | Months | Days | If less than one day: hr. min.
~~5~~ ~~11~~ | | | 1

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Roger M. Puttyman
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Mabel Cabelin Goss
15. Birthplace Blackstone, Va

16 (a) Informant Mabel Puttyman
(b) Address 1625 W. Lafayette ave

17 (a) Burial (b) Date thereof May 6-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ag. A. Co.

18 (a) Funeral director Samuel M. Shanklin
(b) Address 628 N. Gilmor St.

19 (a) [illegible]d by registrar (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to May 4 1943 and that I last saw h[illegible] alive on May 4 1943

Immediate cause of death Congenital Syphilis — Duration

Due to Syphilis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Forrest W. Perkins M.D.
Address 426 N. Eighteen St Date signed 5/4/43

Please write plainly in ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 03996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 03996

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Whatcoat St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Whatcoat St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Carrie Jackson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex Fem.
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Frank Jackson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 10, 1880
8. AGE: Years 62 Months 11 Days 23 If less than one day — hr. — min.
9. Birthplace Middleburg, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

MOTHER
12. Name Sarah Colvin
13. Birthplace Middleburg Va.

FATHER
14. Maiden Name Grace Stewart
15. Birthplace Middleburg, Va.

16 (a) Informant John Colvin
(b) Address Patapsco P.R. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location A. A. County

18 (a) Funeral director Joseph A. Lukey
(b) Address 409 Mount Street

19 Date rec'd by local registrar MAY 6 1943 Huntington, Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943 at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1943 to 5/3 1943.
and that I last saw h alive on 5/2 1943.

Immediate cause of death Hypostatic Cardiac Disease — Duration 6 hrs.
Due to —
Due to —
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. N. Pifoth. M. D.
Address 1536 Lanvale St Date signed 5/5/43

G 03997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

G 03997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Carrollton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Moreno

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9485

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Lettie Moreno
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1892

8. AGE: Years	Months	Days	If less than one day
51	50		hr. min.

9. Birthplace West Indies Del. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Unknown
FATHER 13. Birthplace

MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace

16 (a) Informant Lettie Moreno
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brandt Pl

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

MAY 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 1:46 PM

21. I certify that I took charge of the remains described above, held an Inquest in part thereof and from the evidence obtained Autopsy, Inspection or Inquiry by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Carcinoma of lung

Due to

Other Conditions Emaciation, marked

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1943

03998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 03998

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Patapsco ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George P Henkel

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-9957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mamie E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1891

8. AGE: Years	Months	Days	If less than one day
52	-	4	hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Amer. Refining Co

FATHER
12. Name John Henkel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Patery
15. Birthplace Md

16 (a) Informant Mrs Mamie E Henkel
(b) Address 827 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 6/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd & Dolfield Rd

18 (a) Funeral director Williams M Marlck
(b) Address 715 Light St

MAY 6 - 1943 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1943, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to May 4 1943, and that I last saw h~~im~~ alive on May 3 1943

Immediate cause of death	Duration
Coronary occlusion	
Due to hypertensive cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip W. Kreuter M. D.
Address 302 Patapsco av Date signed 5/4/43

G 03999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 03999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 768 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 768 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugenia Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Toney Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Calhoun, Alabama (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Phyllis Ralph

15. Birthplace Ala.

16 (a) Informant Mary Gordon

(b) Address 768 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/43 (Month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Ebenezer Watson

(b) Address 1000 Pennsylvania Ave

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

MAY 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943 at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1943 to May 2 1943 and that I last saw h[illegible] alive on May 2 1943

Immediate cause of death

Cerebral hemorrhage

Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Toney

Address [illegible] Date signed May 6 1943

G 04000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. G 04000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 Rosebank Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Rosebank Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W. VON BRIESEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-0100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ruth E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/4/1903

8. AGE: Years	Months	Days	If less than one day
39	6	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Engineering Dept.

11. Industry or business Bethlehem Fairfield

FATHER
12. Name Robert Von Briesen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Roberta Campbell
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ruth Von Briesen
(b) Address 346 Rosebank ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn

18 (a) Funeral director Wm. J. Tinkum & Son
(b) Address [illegible]

19 (a) MAY 6 - 1943 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 1 20 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions Hx

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature W. L. Wallamsreben M.D.
Medical Examiner.
Date signed 5-5-43

VS 181

0406 July 5 #10 1943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 04001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 So. Rolling Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Charles Juengst
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Violet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/ 1883

8. AGE: Years	Months	Days	If less than one day
59	9	28	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Investments, Executive
11. Industry or business

FATHER
12. Name Julius
13. Birthplace Europe

MOTHER
14. Maiden Name Pauline
15. Birthplace Europe

16 (a) Informant Violet Juengst
(b) Address 117 S Rolling Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Edgewood Ave
18 (a) Funeral director Edward Foulkrod
(b) Address 2259 Ward Blvd

MAY 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1943, at 7:25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1943 to 5/4 1943, and that I last saw h[illegible] alive on 5/4 1943.

Immediate cause of death	Duration
C. N. S. Lues	
Due to	
Due to	
Other Conditions Malaria	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. J. Bryan M. D.
Address St Agnes Hospital Date signed 5/5/43

VS 180

G 04002 T.N 81268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04002 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Thames St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Mayerick

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sept.

6 (b) Name of husband or wife Mary ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1878

8. AGE:	Years	Months	Days	If less than one day
Male	65	1	24	hr. min.

9. Birthplace Czech.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mayerick
13. Birthplace CZECH.

MOTHER
14. Maiden Name Susie Zeman
15. Birthplace Czech

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 6/43 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 MAY 6 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1943, at 2 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1943 to 5-5 1943 and that I last saw h alive on 5-5 1943

Immediate cause of death: Cardiac failure — Duration: 8 hrs.
Due to Bronchopneumonia — 5 days ?
Arteriosclerotic H. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-5-43

Notice: Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

G 04003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 04003 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Hayward Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21/[illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Hayward Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walton Durane Krimm

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 220-12-7187

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence M. Krimm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1899

8. AGE: Years	Months	Days	If less than one day
43	11	18	hr. min.

9. Birthplace Worthington, W. Va.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Arcade Cleaners & Dyers

FATHER
12. Name Frederick Krimm
13. Birthplace Worthington, W. Va.

MOTHER
14. Maiden Name ? Snyder
15. Birthplace W. Va.

16 (a) Informant Mrs. Florence M. Krimm
(b) Address 3624 Hayward Ave.,

17 (a) Burial (b) Date thereof May 7, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave. Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) [illegible] (b) Huntington Williams, M.D.
(Registrar) Registrar

MAY 6 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943, at 9.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1943 to May 3 1943, and that I last saw h[illegible] alive on May 3 1943.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Coronary occlusion

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel H. Gilpin
Address 5611 Pimlico Rd. Date signed 5/4/43

G 0606 Tools

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04004
Registered No. 1318

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Annes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex ~~M~~ F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace York Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Adam Haller
13. Birthplace ?

MOTHER 14. Maiden Name Elizabeth Miller
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 2 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to May 5 1943, and that I last saw her alive on May 4 1943.

Immediate cause of death: Edema Lungs — Duration 2 days
Due to Chronic Myocarditis — 6 yrs
Due to Chronic Nephritis — 6 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall
Address 1631 North Ave Date signed 5/5/43 M. D.

G 04005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 J

G 04005 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. + Loudon Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Bennett Sydnor

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walton H. Sydnor
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1879

8. AGE: Years	Months	Days	If less than one day
64	2	12	hr. min.

9. Birthplace Canada, (Town, county, and state)
10. Usual Occupation Home
11. Industry or business ✓

FATHER
12. Name Bennett
13. Birthplace England

MOTHER
14. Maiden Name Do not know
15. Birthplace France

16 (a) Informant Mrs. Helen McKenna
(b) Address 2423 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 | 8 | 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. Miller & Son
(b) Address 2503 Edmondson Ave

19 (a) MAY 6 1943 (Date received by Registrar) Thos. Taylor Williams, M.D. (Signature of Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 1:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1943 to 5-4 1943, and that I last saw her alive on 5-4 1943.

Immediate cause of death	Duration
Carcinoma of Rectum & metastasis to abdomen	
Due to	
Due to	
Other Conditions Congestive Heart Failure (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of rectum & metastasis to abdomen
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D'Arcy Jones M.D.
Address Md. Gen. Hosp. Date signed 5/7/43

Maryde 04066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓ G 04006 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 844 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick J. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Fannie Greenberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1874

8. AGE: Years	Months	Days	If less than one day
68 90	11	5	hr. min.

9. Birthplace Mass (Town, county, and state)

10. Usual Occupation Retired 10 years

11. Industry or business

FATHER 12. Name Murphy
13. Birthplace Scotland

MOTHER 14. Maiden Name Unknown
15. Birthplace Canada

16 (a) Informant Mrs. Fannie Murphy
(b) Address 844 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Mitche
(b) Address 4101 Edmondson Ave

19 (a) (b) Huntington Williams, M.D.
Date received by registrar MAY 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 11 10 P.M.

21. I certify that I took charge of the remains described above, held an Inquisition & Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to: Bronchopneumonia

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1943

G 04007 ✓ G 04007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Poplar Grove (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1660

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Late Wm. T. Russell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1867

8. AGE: Years 76 Months - Days 22 If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Burrough Chemical

11. Industry or business Co.

FATHER
12. Name Benjamin Longley
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Schible
15. Birthplace Md

16 (a) Informant Harry E. Longley
(b) Address 4405 37th St. Govanstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/43. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Harry H. Nitter
(b) Address 4101 E. Monument Ave

19 (a) (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

MAY 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4/43. 19 . at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to May 4 1943. and that I last saw h[illegible] alive on May 3 1943

Immediate cause of death Carcinoma Rectum — Duration

Due to

Due to

Other Conditions Carcinomatosis Abdominal

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Shannon MD M. D.
Address 720 Medical Arts Bldg Date signed 5/5/43

G 04008 ✓ G 04008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3309 Remley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Seperated

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 29th, 1910

8. AGE: Years	Months	Days	If less than one day
32	6	5	hr. min.

9. Birthplace S.C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wade Stewert
13. Birthplace S.C

MOTHER
14. Maiden Name Martha Miller
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-43 (month) (day) (year)
(c) Cemetery or crematory Loy Mollett
Location South Carolina

18 (a) Funeral director Robt F McLean
(b) Address 1515 Mosley St

19 (a) MAY 6 — 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1943, at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943 to 5-4 1943, and that I last saw h[illegible] alive on 5-4 1943.

Immediate cause of death Bronch[illegible]

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

Duration: 3 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rankin M. D.
Address Balto City Hosp Date signed 5-5-43

VS 180

G 64/1009 alh

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 Harford
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Harford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold Wilson Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1. 43

8. AGE: Years | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leo H. Bradford
13. Birthplace Lawrence S. C.

MOTHER
14. Maiden Name Catherine Wilson
15. Birthplace Florence S. C.

16 (a) Informant Rud Bradford
(b) Address 727 Harford Ave

17 (a) Burial (b) Date thereof May 6-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location Govans Md

18 (a) Funeral director Rob't Gaddis & Son
(b) Address 1515 McElderry St

19 (a) May 6 1943 (b) Huntington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to May 4 1943 and that I last saw h.l. alive on May 3 1943

Immediate cause of death Premature birth
malnutrition — Duration

Due to — Duration

Due to — Duration

Other Conditions Nasal Hemorrhage — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wallace L. Feeney M.D.
Address 1420 E. Chase Date May 9-43

VS 3

G 04010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 04010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3133 Dudley ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3133 Dudley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wojciech Koniecznny

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER
12. Name Blazej Koniecznny
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Adam Koniecznny.
(b) Address 3133 Dudley ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozdzenski
(b) Address 1930 Eastern Ave

19 (a) MAY 8 1943 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943 at 9 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/16 1943 to 5/5/1943 and that I last saw h[illegible] alive on 5/5/1943

Immediate cause of death Myocardial Cardio-vascular Disease — Duration (3 Mo.)

Due to Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A. M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Stefan F. Slawinski M. D.
Address 45 N Eutaw Pl Date signed 5/6/43

VS 150

Correct age is especially important. Physicians—please write the cause of death clearly and legibly.

G 04011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G 04011
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 20-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Laurens
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 45 Months 44 Days If less than one day hr. min.

9. Birthplace Roanoke, Va
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Beatrice Martin
(b) Address 414 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Sam'l H. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) MAY 6 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 43, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1943 to May 6 1943 and that I last saw h alive on May 4 1943.

Immediate cause of death Apoplexy
Duration 1 day

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher
Address 5 Monument Date signed 5-6-43

VS 150

G 04012 ✓ G 04012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1044 S. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Bailey Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-22-1640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife FLORENCE BAILEY
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) AUGUST 21 1861

8. AGE: Years	Months	Days	If less than one day
61 62	8	16 15	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business U.S. ENGINEER DEPT.

FATHER
12. Name EDWARD BAILEY.
13. Birthplace MD

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace MD

16 (a) Informant JOHN E. BAILEY. JR.
(b) Address 1044 S CHARLES ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8-194 (month) (day) (year)
(c) Cemetery or crematory METHODIST EPISCOPAL CEM
Location JOHNSTOWN MD CENTRAL

18 (a) Funeral director Bernard C Hart
(b) Address 134 E. West St Baltimore, Md

19 MAY 6 — (Date rec'd by registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 1.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to May 6 1943 and that I last saw him alive on May 6 1943.

Immediate cause of death: Gangrene of Jejunum — Duration: 2

Due to: Volvulus of Jejunum

Due to:

Other Conditions: Lobar Pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Lueting M.D.
Address St. Joseph's Hosp. Date signed 5-6-43

VS 2

G 04613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95C

G 04613
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 N. Bruce St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Bruce St
(If rural-give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Minnie Chase

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
Female	Colored	

6 (b) Name of husband or wife William Chase
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 5 - 1883

8. AGE: Years	Months	Days	If less than one day
40	-	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Melvin
13. Birthplace Va

MOTHER
14. Maiden Name Matilda —
15. Birthplace Va -

16 (a) Informant Sadie Mills Brooks
(b) Address 1629 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) [illegible] 1943 [illegible] Washington Williams [illegible]

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943 to May 3 1943, and that I last saw h[illegible] alive on May 2 1943

Immediate cause of death Cardiac Insufficiency — Duration

Due to —

Due to —

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J. Douglas Stuppard M. D.
Address 631 W. Franklin Date signed 5-6-43

G 04014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 04014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 N. Strucker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. Strucker (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Nettie Staples Frances

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Married

6 (b) Name of husband or wife Alfred Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1902

8. AGE: Years	Months	Days	If less than one day
41	1	3	hr. min.

9. Birthplace Charlotte Co. Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Staples
13. Birthplace Charlotte Co Va

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Charlotte Co. Va

16 (a) Informant William Johnson
(b) Address 1613 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate A. Williams
(b) Address 322 N Schroeder St

19 (a) MAY 6 - 1943 (b) Kate A. Williams, M.D. Registrar
Filed by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1943 to May 3 1943 and that I last saw her alive on May 3 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Valvular Heart Dis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas Shepherd M. D.
Address 631 W 7th Pauline St Date signed May 6/43

correct age is especially important

VS 8

G 04015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43D

G 04015
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15-1901

8. AGE: Years	Months	Days	If less than one day
42	3	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mary Mills
(b) Address 131 Welcome alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Isaac I. Brown
(b) Address 108 W Montgomery St

19 (a) 5-6-1943 (b) Filed by registrar Huntington Williams MD

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 10 P M

21. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 4 1943

G 04016

HEALTH DEPARTMENT—CITY OF BALTIMORE 04016

CERTIFICATE OF DEATH 1312

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4406 ROLAND AVE. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME JESSE KRAWL METCALFE

(a) Residence: No. 4406 ROLAND AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY Sibbett

6. DATE OF BIRTH (month, day, year) Oct 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired, salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME John METCALFE

14. BIRTHPLACE (city or town) MD.
(State or country)

MOTHER

15. MAIDEN NAME ANNA KRAWL

16. BIRTHPLACE (city or town) PA.
(State or country)

17. INFORMANT MRS. MARY S. METCALFE

(Address) 4406 ROLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place BRUID RIDGE Date MAY 7, 1943

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 EUTAW PLACE

20. FILED 5/7/43 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1943 to May 5, 1943

I last saw h[illegible]live on May 4, 1943 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Myocardial degeneration	5 yrs
Chr. nephritis	10 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? E. C. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Homer A. Todd M. D.

(Address) 735 N. FULTON AVE.

G 04017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04017 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4901 Greenspring Ave
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County COOK
(c) City or town WINNETKA
(If outside city or town limits, write RURAL and give town)
(d) Street No. GREENBAY ROAD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME WILLIAM BROWN McILVAINE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Tubia McMoyne (McI)

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) FEB. 13. 1864

8. AGE: Years 79 | Months 2 | Days 23 | If less than one day — hr. — min.

9. Birthplace PEORIA ILLINOIS
(Town, county, and state)

10. Usual Occupation LAWYER

11. Industry or business —

FATHER
12. Name GEORGE HOGG McILVAINE
13. Birthplace EAST LIBERTY, PENNSYLVANIA

MOTHER
14. Maiden Name PRISCILLA JANE McCLURE (McI)
15. Birthplace PENNSYLVANIA

16 (a) Informant Blanchard Randall, Jr.
(b) Address 4901 Greenspring Ave., Balto

17 (a) Cremation. (Burial, cremation, or removal) (b) Date thereof May 7 1943 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Henry W. Jenkins & Sons.
(b) Address Baltimore, Md.

19 (a) [illegible] Huntington for Williams M.D.
(Registrar) Registrar

MAY 8 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 6 1943, and that I last saw h~~im~~ alive on May 5 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 day

Due to: Arteriosclerosis — —

Due to: —

Other Conditions: Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Q. Murray Fisher M. D.
Address 18 E. Eager St. Date signed 5/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 04018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4443 Pall Mall Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Levy

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3262

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1892

8. AGE: Years: 51 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: London (Town, county, and state)

10. Usual Occupation

11. Industry or business: Tailor

FATHER
12. Name: Lazarus Levy
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sarah ?
15. Birthplace: Russia

16 (a) Informant: Albert Levy
(b) Address: 4443 Pall Mall Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship Cemetery
Location: E. Baltimore St.

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

MAY 6 1943 (b) (Registrar) Registrar

VS 6 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1943 12.30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Angina Pectoris	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh W. B. McCulloch M.D. Medical Examiner.

Date signed 5/6/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42c

G 04019 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME Willie A. Andres

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife ...
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-30-1929

8. AGE: Years	Months	Days	If less than one day
14	3	5	hr. min.

9. Birthplace Rose Hill N. C.
(Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Birt Andres
13. Birthplace N. C.

MOTHER
14. Maiden Name Bertha Barksdale
15. Birthplace N. C.

16 (a) Informant Louis Barksdale
(b) Address 231 W. Biddle St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-6-43 (month) (day) (year)
(c) Cemetery or crematory Rock Fish Cemetery
Location Rose Hill N. C.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave (Huntington Woodlawn, Md.)

MAY 8 1943
(Date received by City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943 to May 5 1943 and that I last saw him alive on May 5 1943

Immediate cause of death Valvular heart disease — Duration 1 year
Due to Rheumatic fever
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Date of operation ...
Major findings of operation: ...
... of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature W. Sherman H. Watts
Address 5154 Edmondson Ave Date signed 5/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 04020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie T. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26th 1880

8. AGE: Years 63 | Months 0 | Days 109 | If less than one day hr. min.

9. Birthplace New Market, Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name George W. Tiler
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Mrs William Jenkins
(b) Address 1010 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredericks Ave

18 (a) Funeral director John J. Gowan & Son
(b) Address 901 Hollins St.

19 (a) MAY 6 — 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1943, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943. to May 5 1943.
and that I last saw her alive on 19

Immediate cause of death: Acute Cardiac Failure

Due to: Chronic Myocarditis

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation:

of autopsy: —

Duration: 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Gross M.D.

Address 876 Wodsworth Date signed 5/6/43

VS 180

If information should be carefully given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 WHITELOCK ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 WHITELOCK ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie BREMMER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife LOUIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE:	Years	Months	Days	If less than one day
	75			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name LABA
13. Birthplace RUSSIA

MOTHER
14. Maiden Name FAGIE
15. Birthplace RUSSIA

16 (a) Informant HUSBAND
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-6-42 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Phila. RD. & HAMILTON AVE

18 (a) Funeral director Jos. Lange Inc
(b) Address 1719 E. Monument St

19 (a) MAY 6 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-43 19 , at 11 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943 to May 5, 1943, and that I last saw her alive on May 5, 1943.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions Diabetes Mellitus
Amputation at Mid Thigh (R)
(Include pregnancy within 3 months of death)

Date of operation 1934

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe
Address 1331 E. Monument St Date signed 5-6-43

VS 134

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04022

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 E Baltimore St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME LOUIS WEINER

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 216-09-9682

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 55 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Poth (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business .....

12. Name Joseph Weiner

13. Birthplace Poth.

14. Maiden Name Rose —

15. Birthplace Poth.

16 (a) Informant Miss Nona Weiner (Sister)
(b) Address 9037 Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location .....

18 (a) Funeral director Joce Funeral Inc
(b) Address 1439 E. Baltimore St

19 MAY 6 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 4:30 PM

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease

Due to .....

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Joseph W. Williams M.D. Medical Examiner.
Date signed 5-5-43

VS 181

04023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

G 04023
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laymer & Dukeland
(c) Hospital or institution: West Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2841-W Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lonnie Estep.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Arizona Estep.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31-1896

8. AGE: Years	Months	Days	If less than one day
46 47	4	14	hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Ship-yard.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Westview Cemetery
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 6 1943

18 (a) Funeral director
(b) Address 701 Eutaw Place

19 MAY 6 1943 (b) Huntington, West Virginia
(Date rec'd by registrar) Registrar

5/11/43

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/1943, at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1943 to 5/5 1943, and that I last saw him alive on 5/5 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Lobar pneumonia, Coronary thrombosis

Due to Arteriosclerotic cardiovascular Disease

Other Conditions Bronchopneumonia, Cirrhosis?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Kreiser
Address W. Balto. Gen'l Hosp. Date signed 5/6/43

vs/184

0065

pt. moribund on admittance
Will cpta not obtained

G 04024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

G 04024
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 E. 36th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William A. Crook

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
-	-26-20-0409	M	W.	S

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-10-1926

8. AGE: Years	Months	Days	If less than one day hr.	min.
16	8	26		

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name William L Crook
13. Birthplace Balto.

MOTHER
14. Maiden Name Esther Corcoran
15. Birthplace Balto - Md

16 (a) Informant Mrs. Anne Keeling (sister)
(b) Address 1016 E. 36th St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43. (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location old Frederick Rd

18 (a) Funeral director J. Foley Sons
(b) Address 818 Light St.

19 (a) (Date received by Registrar) (b) MAY 6 - 1943 Registrar

VS 3

MEDICAL CERTIFICATION ✓

20. DATE OF DEATH 5 · 6 1943, at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 · 6 1943, to 5 · 6 1943 and that I last saw h.i. alive on 5 · 6 7 30 1943.

Immediate cause of death Meningitis — Duration appx. 48 hrs

Due to Meningococcemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operations: -

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Novak M. D.
Address Bon Secours Hosp Date signed 5 · 6 · 43

G 04025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 108

G 04025 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore County (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Maynard East

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-0877

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mildred Swain East
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-1893

8. AGE: Years	Months	Days	If less than one day
49	10	21	hr. min.

9. Birthplace Arlington, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Bethlehem Ship b Co

FATHER
12. Name Geo. East
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mildred Swain East.
(b) Address Woodlawn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem. Location Woodlawn, Md.

18 (a) Funeral director Loring Byers
(b) Address 500 [illegible]

19 (a) MAY 6 1943 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 , at 5 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 5 1943, and that I last saw him alive on May 5 1943.

Immediate cause of death Lobar Pneumonia, Sacral Decubitus, Bilateral, Types 18 and 11

Due to Peripheral Vascular Collapse

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Shipley M. D.
Address University Hospital Date signed May 5/43

G 04026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04026 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Luzerne ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) in U.S. 60 years 53 yrs in Balto. md.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Luzerne ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Starzynski
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870
8. AGE: Years 73 Months 72 Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Casimier Starzynski
(b) Address 704 S. Luzerne ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County
18 (a) Funeral director John M. Weber
(b) Address 1019 E. Chester st
19 (a) MAY 6 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 3 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1943 to 5/4 1943 and that I last saw him alive on 5/4 1943

Immediate cause of death: Diabetes Mellitus — Duration
Due to: gangrene
Due to:
Other Conditions: Myocarditis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Starzynski M. D.
Address 1431 Fawn Date signed

VS 150

JANUSZEWSKI

G 04027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G 04027 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Druid Park (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Knapp

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-10-6317

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1881

8. AGE: Years	Months	Days	If less than one day
61	9	20	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Rug Cleaner
11. Industry or business Colborn Rug Cleaners

FATHER
12. Name Lewis Knapp
13. Birthplace Germany

MOTHER
14. Maiden Name Alice Yeathall
15. Birthplace Maryland

16 (a) Informant Lillian G. Williams
(b) Address 935 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md

18 (a) Funeral director Harry N. Arnaood
(b) Address 4204 Ridgewood Ave

19 (a) (Date filed) (b) Huntington Williams, M.D. (Registrar)

MAY 8 1943

Form 157

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 10 02 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary Occlusion

Due to

Other Conditions Bronchitis or tuberculosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

G 04028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5607 Roland Ave.

(c) Hospital or institution: Melrose Nursing Home

(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 2 1/4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5607 Roland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Powers.

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 83 80 | Months | Days | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business Patient at Nursing Home

FATHER 12. Name (Unknown) Powers

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs John Fedrick

(b) Address 1910 Eckridge Hyde Road

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/7/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Augustine Location Eckridge Md.

18 (a) Funeral director William Cook Sr

(b) Address 1847 E. Pratt St.

19 MAY 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943 at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to May 1943 and that I last saw him alive on May 5 1943

Immediate cause of death: Chronic Myocarditis — Duration: 1 wk

Due to

Due to

Other Conditions: Carcinoma of Prostate — 1 wk

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Patrick J. Gallagher M.D.

Address 112 W. 25th St. Date signed May 5 1943

G 04029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04029 Registered No. 8320

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 17
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** William Sappington

3 (b) If veteran, name war 0 | 3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ wife Susan Sappington

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) June, 1857

8. AGE: Years 85 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Chestertown, Md. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business Painter

FATHER 12. Name William A. Sappington

13. Birthplace Md

MOTHER 14. Maiden Name Kakenour

15. Birthplace Unknown

16 (a) Informant Sara Fultz

(b) Address 829 Light St Balto Md

17 (a) Residential (Burial, cremation or removal) (b) Date thereof 5/6/43 (month) (day) (year)

(c) Cemetery or crematory Chestertown Md.

Location

18 (a) Funeral director William Cook Inc

(b) Address 127 St. Paul St

19 (a) (Date received by registrar) (b) Registrar

MAY 8 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943, to May 5 1943, and that I last saw ~~him~~ alive on May 5 1943.

Immediate cause of death Cerebral Vascular Disease

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Hughes M.D.

Address Mercy Hosp. Date signed 5/5/43

Wayne G 04030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

G 04030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ollie Neal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation janitor

11. Industry or business

FATHER
12. Name John Ollie Neal
13. Birthplace S. C.

MOTHER
14. Maiden Name
15. Birthplace N. C.

16 (a) Informant Mrs. Gibson
(b) Address 1221 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Baltimore Md

18 (a) Funeral director Chas Alexander
(b) Address 1200 McCulloh St

MAY 6 – 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 9:35 P M

21. I certify that I took charge of the remains described above, held an Inquest & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said ~~Autopsy~~ Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic
Cardiovascular - renal disease

~~Due to~~ Arteriosclerotic gangrene of
left foot

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed May 4 1943.

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04031

Registered No. 9424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town Atlantic City (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 N. Mass. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. White

3 (b) If veteran, name war

3 (c) Social Security Account No. 8

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 63 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Wilmington Del (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Dispatcher, City Transit

FATHER
12. Name John J. White
13. Birthplace Wil., Del.

MOTHER
14. Maiden Name Mary C. Payne
15. Birthplace Wil., Del.

16 (a) Informant Dr. Thomas White
(b) Address 332 E 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Bethedel
Location Wilmington, Del.

18 (a) Funeral director John A. Moran
(b) Address 8000 E. Baltimore st.

19 MAY 6 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1943 at 3.45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 5/6/43

VS 6

Every item of information should be carefully supplied. UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

G 04032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 N. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Beckman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	None	Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31-1872

8. AGE: Years	Months	Days	If less than one day
70	6	4	hr. min.

9. Birthplace Richmond Va
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Housewife

FATHER
12. Name Morris Griffin
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Margaret Lehman
15. Birthplace Va

16 (a) Informant Daniel A. Beckman
(b) Address 150 Palermo Ave

17 (a) Burial (b) Date thereof May 7-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director George L. Schnurel
(b) Address 2101 Frederick Ave

19 MAY 7 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1943, at 5:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular
Due to Disease
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walsh M.D.
Medical Examiner.
Date signed 5/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 04033 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lucy H Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Richard Stewart
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 24 1880

8. AGE: Years 62 | Months 10 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER / FATHER

12. Name Dr Eugene A Humphreys

13. Birthplace Salisbury Md

14. Maiden Name M. Josephine Tarr

15. Birthplace Denton Md

16 (a) Informant Richard Stewart
(b) Address 703 University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-1943 (month) (day) (year)

(c) Cemetery or crematory
Location Salisbury Md

18 (a) Funeral director Chas. E. Franck
(b) Address 502 Madison Ave

19 MAY 7 - 1943 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/28 1942 to 5/6 1943 and that I last saw h alive on 5/6 1943

Immediate cause of death: Carcinoma Stomach — Duration 7

Due to

Due to

Other Conditions Genital Carcinomatosis
(Include pregnancy within 3 months of death)

Major findings: Of operations Laparotomy - 9/8/42

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Zach. T. Morgan M. D.

Address 6 E. Read St. Date signed 5/6/43

VS 3

G 04034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Bayside Drive, Inverness (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB R. RENEKER

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Reneker
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) July 22, 1870
8. AGE: Years 72 | Months 11 | Days 11 | If less than one day - hr. min.
9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual Occupation Barber & Odd jobs
11. Industry or business Odd jobs

FATHER
12. Name George Reneker
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Ann Fortney
15. Birthplace Pa.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore
18 (a) Funeral director Frederick H. Cole
(b) Address 1700 W. Lombard St.
17 (a) ... (b) Huntington Williams, M.D.
(Stamped by registrar) MAY 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943 at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12, 1943 to May 3, 1943 and that I last saw him alive on May 3, 1943

Immediate cause of death: Adeno carcinoma of the stomach with generalized abdominal metastases — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury
23. Signature H. D. Williams

Address Baltimore, Md. Date signed 5/4/43

Va. 13014

P.

G 04035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

G 04035

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 E. Fort Ave
(c) Hospital or institution:

24-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County X
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Kepner

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: John Kepner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 3-1861
8. AGE: Years 81 | Months 8 | Days 3 | If less than one day: hr. min.
9. Birthplace: Balto. Md.
(town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Isaac Lentz
13. Birthplace: Md.

MOTHER
14. Maiden Name: Ellen E.
15. Birthplace: Md

16 (a) Informant: Mr Katherine Dunger
(b) Address: 131 E. Fort Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Cedar Hill
Location: A.A. Co. Md.

18 (a) Funeral director: Wm Cook Inc
(b) Address: 127 St. Paul St

19 (a) MAY 7-1943 (Date rec'd by registrar) Hugh Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6-43 1:03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to May 6 1943 and that I last saw her alive on May 6 1943

	Duration
Immediate cause of death: Chronic Endocarditis	6 mos.
Due to: Chronic Nephritis	6 mos.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature C. B. Wheltle
Address 1779 Hillsdale Date signed 5/6/43 M. D.

VS 180

C. B. Wheltle

G 04036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. G 04036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced Widowed

6 (b) Name of husband ~~William~~ William H. Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1864

8. AGE: Years	Months	Days	If less than one day
79	3	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name James Sheldon
13. Birthplace Md.

MOTHER
14. Maiden Name Marie L. Gleaves
15. Birthplace Md.

16 (a) Informant Mrs Nellie Wagner
(b) Address 1801 E. Lafayette Ave

17 (a) Burial (b) Date thereof 5/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location U. A. Co. Md.

18 (a) Funeral director Wilkinson Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAY 7 - 1943
(Date rec'd by Registrar)
for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 12 1943 to May 5 1943, and that I last saw her alive on May 4 1943.

Immediate cause of death	Duration
Arterial Hypertension	2 years
General Arteriosclerosis	4 yrs.
Acute Bronchopneumonia	
Due to	
Due to	
Other Conditions Cardiac Dilatation	3 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) at work?
(e) Means of injury

23. Signature Albert Eisenberg M.D.
Address 2025 E. North Ave Date signed 5/6/43

VS 150

G 04037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a G 04037 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 N. Calvert st
(c) Hospital or institution: 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	w	Widow

6 (b) Name of husband or wife Clinton Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1875

8. AGE: Years	Months	Days	If less than one day
67	6	17	hr. min.

9. Birthplace Towson, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Hines
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Bro. St. L. Rose
(b) Address 101 E. 23rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Marie
Location Towson, Md.

18 (a) Funeral director Wm. Cook & Son.
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS MAY 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1943 at 7:40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia (Terminal)	
Due to Fracture hip	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/2/43 at M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fall on Floor

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 5/6/43

G 04038 ✓ G 04035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Wallbrook Ave
(c) Hospital or institution:

15-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Wallbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Wohl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Saloon Keeper
11. Industry or business

FATHER
12. Name Nathan –
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah –
15. Birthplace Russia

16 (a) Informant Sarah Wohl
(b) Address 1926 Wallbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Jack Lewis Inc
18 (a) Funeral director 1439 E. Balto St
(b) Address

19 (a) (Date received by registrar) (b) Huntington Williams

VS 1 MAY 7 – 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-43 19 , at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to May 6 1943
and that I last saw him alive on May 6 1943.

Immediate cause of death Chronic Myocarditis
Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis T. Lewis
Address 1844 W. Lafayette Ave Date signed 5-8-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2228 MURA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2228 MURA ST. 2616 E Baltimore (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA SCHWEITZER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JOHN A. SCHWEITZER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUNE 16 1884

8. AGE: Years: 58 Months: 10 Days: 19 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: HENRY SCHUMACKER
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: MARY STAMM
15. Birthplace: BALTO. MD.

16 (a) Informant: JOHN A. SCHWEITZER (H U S.)
(b) Address: 2228 MURA ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8/43 (month) (day) (year)
(c) Cemetery or crematory: BALTIMORE
Location: END OF EAST NORTH AVE.

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (b)
Received by registrar Hampton Williams, M.D. Registrar
MAY 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 5 1943, at 12/15 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from apru 5 1943 to may 6 1943, and that I last saw her alive on may 4 1943.

Immediate cause of death: Broncho Pneumonia — Duration: 4 d.
Due to: Arteio Sclerosis — 1 mo
Due to: Chronic Interstitial Nephritis — 1 mo
Other Conditions: Disturbed Metabolism

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Thos. H. Stevens
Address: 2878 Harford Rd Date signed: M 5 D 5 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 04040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Foster Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mary K Fuchs.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: GEORGE FUCHS
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): FEB. 22 1878

8. AGE: Years: 65 | Months: 2 | Days: 14 | If less than one day: hr. ____ min. ____

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: NICHOLAS HEIM
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: BARBARA VOLK
15. Birthplace: BALTO. MD.

16 (a) Informant: CAROLINE FUCHS (DAUGHTER)
(b) Address: 3115 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 10/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Tilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) Filed [illegible] (b) Walter Williams, M.D. Registrar
MAY 7 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/6 1943 at 4:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1943, to 5/6 1943, and that I last saw her alive on 5/6 1943.

Immediate cause of death: Coronary Occlusion.
Due to: Chole cystectomy: Cholecystitis
Due to: Primary Ca. of Pancreas with Secondary Metastatic Ca.
Other Conditions: ____

(Include pregnancy within 3 months of death)

Date of operation: 4/27/43
Major findings of operation: Cholecystitis Ca of Pancreas with metastasis
of autopsy: Coronary Occlusion

Duration
—
—
—
—

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature: C. Andrew Zeiler M.D.
Address: 1213 Light St. Date signed: 5/6/43

04041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

G 04041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Portugal Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Graekie

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0814

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
47				

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Iron worker

11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas Graekie
13. Birthplace Poland

MOTHER
14. Maiden Name Mary?
15. Birthplace Poland

16 (a) Informant Mary Graekie
(b) Address 2213 Portugal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

19 (a) 5/7/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1943 at 7:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 5/6/43

VS 6

G 04042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49c

G 04042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2314 Riggs Ave.
(c) Hospital or institution:

16 - 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAUDE ESTELLE HOFFMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harry G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1880

8. AGE: Years	Months	Days	If less than one day
62	9	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Warren T. Rock
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Hallie Trimble
15. Birthplace England

16 (a) Informant Mr. Harry G. Hoffman
(b) Address 2314 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 7 - 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1943 to May 4 1943 and that I last saw her alive on May 4 1943.

Immediate cause of death: Bronchopneumonia; — Duration 6 days.

Due to Pulmonary metastases osteosarcoma.

Due to (a) Generalized carcinomatous infiltration of metastasis

Other Conditions (none)
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard L. French
Address 2379 Arunah Date signed 5-7-43

G 04043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Schmoll (Richard Gregory Schmoll)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche S. (Roberts)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1885

8. AGE: Years	Months	Days	If less than one day
57	7	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation salesman
11. Industry or business

FATHER
12. Name Frederick Schmoll
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Fickeisn
15. Birthplace Germany

16 (a) Informant Mrs. Blanche S. Schmoll
(b) Address 1633 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received MAY 7 1943 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943 at 12-PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1943 to 5-5 1943 and that I last saw h[illegible] alive on 5-5 1943.

Immediate cause of death	Duration
uremia acidosis	
Due to uremia	
Due to pelvic tumor & ruptured duodenal ulcer	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4-30-43
Major findings of operation: ruptured duodenal ulcer; peritonitis
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Carey M. D.
Address University Hospital Date signed 5-5-43

MAY 7 1943

D 040644

F.N 61235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1390 Registered No. D040644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Va.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 N. Gilmore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Bowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Elijah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th, 1912

8. AGE: Years	Months	Days	If less than one day
30	10	23	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Addie Mason
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof 5/9/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Smith Point Va.
Location

18 (a) Funeral director Chas H. Alexander
(b) Address 921 N. Mount St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1943, at 1 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1943 to 5-5 1943 and that I last saw her alive on 5-5 1943.

Immediate cause of death	Duration
? Septicemia	2 wks.
Due to Peritonitis	?
Due to (a)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Waltham M. D.
Address Balto. City Hosp. Date signed 5-6-43

VS 150

Please write clearly. Physicians: please write the causes of death clearly and legibly. Information required is especially important. Be sure that information given is correct and complete. Accurate age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04015 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 002
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Collett St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY BELL

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Daisy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1887

8. AGE: Years	Months	Days	If less than one day
55 56	4	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Nathaniel Bell
13. Birthplace North Carolina

MOTHER
14. Maiden Name Marcelline Wiggins
15. Birthplace Northumberland Co. Va.

16 (a) Informant Carrie B. Heath
(b) Address 546 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1943, at 3 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobular
Due to Chronic alcoholism
Other Conditions Nil
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmaier M.D.
Medical Examiner.
Date signed 5-5-43

G 04046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/13/43

Registered No. G 04046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2551 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2551 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marian Olivia Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife John C.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1905

8. AGE: Years	Months	Days	If less than one day
40	—	17	hr. min.

9. Birthplace Uniontville, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John C. Jackson
13. Birthplace Uniontville, Md.

MOTHER
14. Maiden Name Hattie Jackson
15. Birthplace Uniontville, Md.

16 (a) Informant John C. Butler
(b) Address 2551 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Stollard
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS MAY 7 - 1943 Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-1943, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1943 to 5-4 1943, and that I last saw h[illegible] alive on 5-4 1943

Immediate cause of death — Duration

Hypertensive cardio vascular renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature V. O. Butler
Address 2038 Sandlay Date signed 5/7/43

correct age is especially important. Physicians: please write the cause of death very legibly.

G 04047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

G 04047
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Armond Porter Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1888

8. AGE: Years 54 | Months 11 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Armond Porter Sr.
13. Birthplace Wilmington, N. C.

MOTHER
14. Maiden Name Secretia Queen
15. Birthplace Baltimore Co. Md.

16 (a) Informant Sucretia Twine
(b) Address 1508 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1608 Druid Hill Ave

19 (a) (Date received by registrar) MAY 7 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943 to April 27 1943. and that I last saw him alive on April 26 1943.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration 6 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4-28-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146B

Registered No. C 04048

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2383 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2383 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Moody

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Amanda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1889

8. AGE: Years	Months	Days	If less than one day
54	1	20	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Florence Bradley
(b) Address 2383 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lee A. Hall
(b) Address 1617 Druid Hill Ave

19 (a) MAY 7 - 1943 (Date received by registrar) Thos. J. Kirwan (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1943 to 4-17 1943 and that I last saw h alive on 4/17 1943

Immediate cause of death Cardiac Stenosis — Duration 1 Yr
Due to Valvular
Due to — Duration 2 Mos
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. N. Fletcher
Address 1715 Druid Hill Ave Date signed 4-29-43

G 04049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 04049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 Bremen st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Bremen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Hebler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Margaret M. Hebler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 28th 1870

8. AGE: Years 72 | Months 7 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Antone Hebler
13. Birthplace Germany.

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany.

16 (a) Informant Charles Hebler
(b) Address 2217 Bremen st

17 (a) (Burial, cremation, or removal) (b) Date thereof 5th (month) 9th (day) 43 (year)
(c) Cemetery or crematory Loudon Park
Location Hemlock

18 (a) Funeral director A. J. Jones
(b) Address 111 S. Gilmor st

19 (a) MAY 7 — 1943 (Date rec'd by registrar) (b) Registered No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18t 1943 to May 5 1943 and that I last saw h alive on 5/5/43 1943.

Immediate cause of death Cancer of Bladder 6 months — Duration

Due to

Due to

Other Conditions Hemorrhage of Bladder 5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Dorsey M.D. (address) 5/6/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04050
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 Burnett St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Burnett St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Joseph C. C. Clark~~ Elmer E. Clark.

3 (b) If veteran, name war

3 (c) Social Security Account No. 21205-6160

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katherine M. Clark
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 30, 1892
8. AGE: Years 50 | Months 10 | Days 7 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Tug Boat

FATHER
12. Name Charley Clark
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Baltimore Md.

16 (a) Informant Katherine M. Clark
(b) Address 101 Burnett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Glynn & Fleming
(b) Address 1426 Light St

19 (a) (Date received) MAY 7 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/43 19 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20/43 to 5/7/43.
and that I last saw h[illegible] alive on 5/7/43 19.

Immediate cause of death: Central Hemorrhage — Duration
Due to: Hypertension
Due to: Arteriosclerosis, Chronic nephritis
Other Conditions: Obesity
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Bayless
Address 600 Villa Ave Date signed 5/7/43

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 04051 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Stockton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Maggie L. Bailey Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1887

8. AGE: Years	Months	Days	If less than one day
56	3	9	hr. min.

9. Birthplace Onley, Virginia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Accomack County, Va.

MOTHER
14. Maiden Name Patience Shields
15. Birthplace Accomack County, Va.

16 (a) Informant Ola Johnson
(b) Address Onley, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10th 1943 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows
Location Accomac, Va.

18 (a) Funeral director J. Edgar Thomas.
(b) Address Accomac, Va.

19 (a) MAY 7 1943 (Date received by registrar) Huntington Hillsville, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 19 to 6/10/43 19 ; and that I last saw h alive on 6/10/43 19 .

Immediate cause of death

Due to Lobar Pneumonia 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Wm. F. Bayne, M.D.

Address Onley, Va. Date signed May 7th 1943

G 04052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 B

G 04052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 E. Eager Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 E. Eager Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W. FREDERICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mary (nee Herpel)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1855

8. AGE: Years	Months	Days	If less than one day
87	7	10	hr. min.

9. Birthplace York, Penna. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Christian Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William Frederick
(b) Address 2408 E. Eager Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (month) (day) (year)
(c) Cemetery or ~~CREMATORY~~ Baltimore
Location North Ave. & Rose St.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAY 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1943, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1943, to 5/3 1943, and that I last saw h[illegible] alive on 5/3 1943.

Immediate cause of death Cerebral hemorrhage — Duration 5/3/43
pneumonia
Due to Cerebral atheromatosis — 5/3/43
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Mayonnie
Address 1445 N. Gay St Date signed 5/3/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 S. Bolden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 S. Bolden St (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL BOEHM.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Margaret A. Boehm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1865

8. AGE: Years	Months	Days	If less than one day
78	1	25	24 hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Boehm
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Stallcreat
15. Birthplace Germany

16 (a) Informant John Boehm
(b) Address 3305 Hooper Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N Arondale

19 (a) MAY 7 — 1943 (Date rec'd by registrar)
Registrar Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943 at 8:15 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenweber M.D.
Medical Examiner.
Date signed 5-5-43

G 04054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 N. Broadway
(c) Hospital or institution: 817
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) About 67 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 N. Broadway (If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Thomas R. Wakeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ella E. Elgert
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 23, 1875

8. AGE: Years	Months	Days	If less than one day
68	01	13	-- hr. --- min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Monitor Controller Co

FATHER
12. Name James P. Wakeland
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Hannah S. McFaddin
15. Birthplace Harford County, Md.

16 (a) Informant Miss Pearl E. Wakeland
(b) Address 1729 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore,, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (b) Williams, Md.
(Date received) MAY 7 1943 Huntington

VS-199

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 6th 1943 at 5.P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to May 6 1943, and that I last saw him alive on May 5. 1943.

Immediate cause of death	Duration
Myocarditis.	4, mo
Due to Arter. Sclerosis.	1 yr
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas N. Magners
Address 14. E. Read St Date signed 5-7-43

Vernon 2659.

G 04055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04055 ✓ 43a

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 131 Newburg Ave. Cato.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alex Kemp (Alexander B. Kemp)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1902

8. AGE: Years 40 | Months 4 | Days 18 | If less than one day: hr. min

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation District Manager

11. Industry or business Diamond Match Company

FATHER
12. Name Francis S. Kemp
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Lillian Offutt
15. Birthplace Balto. Co., Md.

16 (a) Informant Simon I. Kemp
(b) Address 513 W. Joppa Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director MAY 7 1943 H. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1943 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1938 to May 6 1943. and that I last saw h[illegible] alive on May 6, 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: Chron.

Due to: Malignant Hypertension — 7-8 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry T. Collenberg
Address 2 W. Read St. Date signed 5-6-43 M. D.

G 04056

JL - 81266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04056

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 4940 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Burgess

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Lester W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1910

8. AGE: Years	Months	Days	If less than one day
32	6	25	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Luther Bell
13. Birthplace Va

MOTHER
14. Maiden Name Claire Bell
15. Birthplace Va

16 (a) Informant B. C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Elkton City Md

18 (a) Funeral director H C Ihrig undertakers
(b) Address Elkton City Md.

MAY 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-05 1943 at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1943 to 5-5 1943, and that I last saw h[er] alive on 5-5 1943

Immediate cause of death: Uremia — Duration: ?

Due to: Hypertension & C. V. disease — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-5-43

G 04057 ✓ G 04057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 649 Bankard Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Octavia Brice 80745

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Goldbery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1900

8. AGE: Years	Months	Days	If less than one day
42	11	22	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace California

MOTHER
14. Maiden Name Ella Stratman
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location A. & Conkey
18 (a) Funeral director Joseph A. Lipsky
(b) Address 4098 Mount St

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 7 - 1943 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 7:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1943, to May 5 1943, and that I last saw her alive on May 5 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature AS Hartz
Address Balto City Hosp Date signed 5/7/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49N

G 04058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 St. Paul St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Emily Cushing Hamill (EMILY Cushing HAMILL)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife G. Semmes Hamill
6 (c) If alive, give age XXXX years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1884

8. AGE Years	Months	Days	If less than one day hr.	min.
59 58 yrs	2	2		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William A. Cushing
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie V. Buck
15. Birthplace Baltimore, Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May (month) (day) 1943 (year)
(c) Cemetery or crematory Green Mount
Location Green Mount at Oliver St.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) [illegible] Hunting for Williams, Mill

MAY 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1943 19 at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1943 to May 6 1943, and that I last saw her alive on May 6 1943

Immediate cause of death Carcinomatosis — Duration: Months.

Due to Adenocarcinoma of the Ovary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/4/43

Major findings of operation: Generalized carcinomatosis

Autopsy: Adenoca of ovary w metastases

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James McC. Tierney
Union Memorial Hosp.
Address 3500 Calvert Date signed 5/7/43

FB 250

G 04059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S Chester (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna R Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ernest Ford
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 19 1885

8. AGE: Years 57 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Fairmount Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name George C Ford
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Dies
15. Birthplace Md

16 (a) Informant Ernest Ford
(b) Address 216 S Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Orleans St

19 (a) MAY 12 1943 (Date registered) (b) Huntington Williams, M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 12 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943, to May 6 1943, and that I last saw h alive on May 4 1943.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson M.D.
Address 324 Reisterstown Rd Date signed 5/12/43

G 04060 ✓ G 04060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1741 N. Caroline St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 N. Caroline St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILY ~~NOFF~~ Runk

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	7	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name George W Runk
13. Birthplace Balto

MOTHER
14. Maiden Name Anna J Lamy
15. Birthplace Balto

16 (a) Informant Miss Mary Busey
(b) Address 1741 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Wm J Lumpkin Home
(b) Address 2008 Arlington Ave

19 (a) (b)
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1935 to May 5 1943
and that I last saw her alive on Feb 21 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 hour
Due to: Hypertension — 10 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alan Bernstein M.D.
Address 1039 N. Calvert St Date signed 5/5/43

correct age is especially important. Typewriter: please write the cause of death clearly and legibly.

G 04061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 04061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2534 E Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 E Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie C Gerwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife John F Gerwig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1864 Baltimore

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	7	18		

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Geo Vickers
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Salsbury
15. Birthplace Md

16 (a) Informant Lillian E Gerwig
(b) Address 2534 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date of ref. May 8 '43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2064 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1936 to May 6 1943, and that I last saw h[illegible] alive on May 4 1943.

Immediate cause of death

	Duration
Cardio-Vascular Renal	5 yr.
Due to Nephritis.	
Due to Chronic Arteriosclerosis	5 yrs
Other Conditions Senile Cystitis	10 D

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 156 E Mulberry St Date signed 5/7/43

correct age is especially important. Typewriting; please write with ink. CAUSE OF DEATH CAREFULLY AND LEGIBLY.

434/27
G 04062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160 C

G 04062
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Grove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-43

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER 12. Name Melvin Grove
13. Birthplace

MOTHER 14. Maiden Name Violet Moyer
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19 (a) MAY 7 1943 (Date rec'd by Reg.) (b) Thurlington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943, to May 6 1943, and that I last saw him alive on May 6 1943.

Immediate cause of death: Shock — Duration 2 3 days

Due to Gangrene of the intestine

Due to Malobstation in utero

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-04 5-5-43
Major findings of operation: Gangrenous intestine
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius H. Zoppi M. D.
Address Johns Hopkins Hospital Date signed 5-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04063
T.N 81196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 04063
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W.Hill St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fount Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lena Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9th, 1870

8. AGE: Years	Months	Days	If less than one day
X 72	4	26	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation On Old Age Pension
11. Industry or business

FATHER
12. Name Allan Thompson
13. Birthplace W.Va

MOTHER
14. Maiden Name Minerva Core
15. Birthplace W.Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

19 (a) [illegible] by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1943 at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27-1943 to 5-5-1943 and that I last saw him alive on 5-4-1943

Immediate cause of death: Hypertensive C.V. Disease generalized arteriosclerosis — Duration: yrs

Due to

Due to

Other Conditions Bronchopneumonia hypostatic (Include pregnancy within 3 months of death)

Date of operation Hydrocele 5-3-43

Major findings of operations Hydrocele.

of autopsy Cardiac infarct.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Meade M. D.
Address Balto City Hosp Date signed 5-6-43

G 04064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 04064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Dukeland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Dukeland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura C. Hannon,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4. 1876

8. AGE: Years	Months	Days	If less than one day
67	1 -	1	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Margaret Seboda,
(b) Address 2648 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8. 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) May 7 - 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 5 1943 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 5-5- 1943, and that I last saw h alive on 5-5-43 19 .

Immediate cause of death: arteriosclerotic heart disease - myocardial failure — Duration

Due to

Due to

Other Conditions: Complicated arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. Strubel M. D.
Address 2703 Edmondson Date signed 5-6-43

VS 8

G 04065 ✓ G 04065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address UNION MEMORIAL HOSP.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 16-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYL. (b) County BALTI.
(c) City or town BALTIMIRE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 W. LAFAYETTE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES E.S. TOWNSEND

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 217-20-0783

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife NONE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1898

8. AGE: Years	Months	Days	If less than one day
44	11	25 26	hr. min.

9. Birthplace MASSACHUSETTES (Town, county, and state)

10. Usual Occupation VENDOR

11. Industry or business

FATHER
12. Name EDWARD S. TOWNSEND
13. Birthplace MASSACHUSETTES

MOTHER
14. Maiden Name GEORGIE G. SANBORN
15. Birthplace MAINE

16 (a) Informant DECEASED
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.
(c) 5-8-1943 Washington Hillcrest, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1943, at 4:38 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-43 to 5-6 1943, and that I last saw h alive on 5-6 1943

Immediate cause of death: Cardio respiratory failure — Duration

Due to: Hypertensive cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James W.C. Turner M. D.
Address Union Memorial Hosp. Date signed 5-6-43

VS 250

E 04066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. E 04066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Round Hill Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice T. Gannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Edward S.

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 1 1873

8. AGE: Years	Months	Days	If less than one day
69	7	3	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Edward S. Gannon

(b) Address 1216 Round Hill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard Rank

(b) Address 5305 Harford Rd

MAY 7 1943 (Date received) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943, at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1943 to May 4 1943 and that I last saw h[illegible] alive on May 3 1943

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Arteriosclerosis, hypertension, Myocardial

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schneyer M.D.

Address 1337 S Charles St Date signed 5/5/43

G 04067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04067 Registered No. 12/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E. Bottner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	F	W	M

6 (b) Name of husband or wife Jacob J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/18/1878

8. AGE: Years	Months	Days	If less than one day
64	10	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Charles Seipp
13. Birthplace Balto.

MOTHER
14. Maiden Name Louisa Conrad
15. Birthplace Balto.

16 (a) Informant Family
(b) Address 1436 William St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-8-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Jas. L. McCloskey
(b) Address 130 E. Fort Ave.

19 MAY 7 – 1943 (Date rec'd by registrar) Harrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to May 6 1943 and that I last saw her alive on May 5 1943

Immediate cause of death: Myocardial degeneration

	Duration
Due to Hypertension	3 yrs.
Due to Arteriosclerosis	2
Due to Nephritis	5
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klemm M. D.
Address 2623 E. Date signed 5/8/43

Procurement Ltr

VS 150

REGISTRAR WRITES PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 04068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 W. Hughes St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Dorman 80707

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	sep.

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1897

8. AGE: Years	Months	Days	If less than one day
45	10	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charlie Long
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Washington
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 7 1943

18 (a) Funeral director Commissioner of Health
(Address)

19 MAY 7 1943 Huddington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to Apr. 27 1943, and that I last saw h er alive on Apr. 27 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Hayte
Address Balto City Hosp. Date signed 5/5/43

F 0067

04069

T.N 78276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

Registered No. G 04069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 4 S. Front St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9th, 1864

8. AGE: Years	Months	Days	If less than one day
79	0	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Long
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Berring
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave ("ecords

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 7 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 7 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1943 to 5-2 1943, and that I last saw alive on 5-2 1943

Immediate cause of death	Duration
Uremia	Unknown
Due to Gen'l. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Ralston M. D.
Address Balto. City Hosp Date signed 5-3-43

T 0068

G 04070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04070 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 N. Dallas
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N. Dallas
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Deal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 '43

8. AGE: Years	Months	Days	If less than one day
			18 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Linwood Deal
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Sadie Thomas
15. Birthplace Norfolk Va

16 (a) Informant Linwood Deal
(b) Address 629 N. Dallas

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 7 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) MAY 7 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 11:18 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1943 to May 6 1943, and that I last saw h alive on May 6 1943

Immediate cause of death	Duration
Malnutrition	
Due to Premature birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dorothy L. Berry M. D.
Address 1420 E. Chase Date signed May 7 '43

VS 3

F0069

1071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Hudson St.
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Hudson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Phillip T. Oberlander

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-4943

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Oberlander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1887

8. AGE: Years	Months	Days	If less than one day
55	10 11	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bottling Dept.
11. Industry or business Globe Brewing Co.

FATHER
12. Name John Oberlander
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant George T. Oberlander (Son)
(b) Address 3810 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem. 5/10/43
Location Eastern Ave. Rd.

18 (a) Funeral director Charles L. Zeiler.
(b) Address 3605 Fait Ave.

19 MAY 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 6 1943 and that I last saw h alive on 19

Immediate cause of death	Duration
(a) Myocarditis	
Due to (b) Cerebral Hemorrhage	
Due to (c) Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Sontag
Address 441 S. Ellwood Ave. Date signed 5/5/43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T G 04972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 G 04972 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months & 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 McMechen St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th, 1867

8. AGE: Years	Months	Days	If less than one day
75	4	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation On Old Age Pension

11. Industry or business

FATHER
12. Name Henry Speers
13. Birthplace Maryland

MOTHER
14. Maiden Name Rapel Lee
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] Huntington Williams M.D. (registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1943 to 5-5 1943, and that I last saw her alive on 5-5 1943

Immediate cause of death: Cardiac failure — Duration: 1 day

Due to: Hypertensive C.V. disease — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-5-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

G 04073
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 659 Vine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Vine St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Derby. Derby

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Willie Derby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Northumberland Co., Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lee.
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Corbin
15. Birthplace Va.

16 (a) Informant Alma Johnson
(b) Address 659 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 MAY 7 1943 (Registered by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1943, to 5/7 1943, and that I last saw her alive on 5/4 1943.

Immediate cause of death	Duration
Acute nephritis.	1 Month
Uremia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lorenz Young
Address 1100 Druid Hill Ave. Date signed M D 5/5/43

VS 8

orpd G 04074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G 04074
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. OA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Singleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1915

8. AGE: Years	Months	Days	If less than one day
28	-	9	hr. min.

9. Birthplace Savannah - Ga.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Singleton
13. Birthplace Haidyville S.C.

MOTHER
14. Maiden Name Anna Singleton
15. Birthplace Haidyville S.C.

16 (a) Informant Anna Singleton
(b) Address 32. N. Bond St.

17 (a) Burial (b) Date thereof 5-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (Date received by registrar) MAY 7 - 1943 Victor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 9:10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab wound of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 3rd 1943 8:45 P.M.
(b) Where did injury occur? Pratt & Dallas Sts
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Stabbed

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 4 1943

VS 151

G 04075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Newman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thelma Newman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 26, 1910

8. AGE: Years: 33 | Months: - | Days: 8 | If less than one day: hr. min.

9. Birthplace: Selma Ala. (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER — 12. Name: Frank Owens
13. Birthplace: Ala.

MOTHER — 14. Maiden Name: Virginia Glenn
15. Birthplace: Ala.

16 (a) Informant: Thelma Newman
(b) Address: 704 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7, 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Ziond Cem
Location

18 (a) Funeral director: Mr. Rotie R. Williams
(b) Address: 322 N. Schroeder St

MAY 7 1943 Date Rec'd — Registrar for Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 1.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 2 1943 and that I last saw h[illegible] alive on May 2 1943.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions: Secondary Anemia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Bousfield M. D.
Address Provident Hospital Date signed May 3, 1943

correct age is especially important. Typewrite; please write the number of each county in which a birth or death occurs.

C 04076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

C 04076

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where necessary. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 Pierce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Pierce St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-2926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1887

8. AGE: Years	Months	Days	If less than one day
56	3	11	hr. min.

9. Birthplace Nichols S.C.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Nichols S.C.

MOTHER
14. Maiden Name Margaret Reeves
15. Birthplace Richland Co., S.C.

16 (a) Informant James Lee
(b) Address 1015 N. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie P Wellgains
(b) Address 322 N. Schroeder St

MAY 6 - 1943
(Date rec'd by registrar)

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/43 to 5/5/43.
and that I last saw him alive on 4/4/43, 1943.

Immediate cause of death Coronary Thrombosis - 10 hrs
Due to
Due to Carcinoma of Colon
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Cecil Sellers M. D.
Address 924 Madison Ave. Date signed 5/7/43

G 04077 Thorne

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

G 04077 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 Barre St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Rennena Thorne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joe Thorne 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1846

8. AGE: Years 46 | Months 6 | Days 17 | If less than one day hr. min. 13

9. Birthplace Littleton N C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Clark
13. Birthplace N C

MOTHER 14. Maiden Name Eliza Clark
15. Birthplace N C

16 (a) Informant Blumore Thorne
(b) Address 652 Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-43 (month) (day) (year)

(c) Cemetery or crematory Location Littleton N C

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ct

19 (a) (Date rec'd by Registrar) (b) Registrar

MAY 1 - 1943 Wilmington, N.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1943 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1943 to 5/3 1943.
and that I last saw h[illegible] alive on 5/3 1943

Immediate cause of death Carcinoma of Uterus — Duration 8 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Saunders

Address 1224 Lee Date signed 5/4/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04078 Registered No.

Physicians: please write the causes of death clearly and legibly. Where there are contributory causes, correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.o.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 4618 York Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE SCHWESINGER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Mar 10-1861

8. AGE: Years	Months	Days	If less than one day
82	1	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Phillip Schwesinger
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine ——?
15. Birthplace Germany.

16 (a) Informant Mrs Minnie Hedges
(b) Address 4618 York Rd

17 (a) Burial (b) Date thereof 5-8-43. (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

MAY 7 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions Exposure to Cold, Senility

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D. Medical Examiner.

Date signed 5/6/43

G 04079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D.#14, Box 237, Oliver Beach
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR SAMUEL HEADINGS

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Lorma A. Headings (Kaufman)
Single na-
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1896

8. AGE: Years	Months	Days	If less than one day
47	0	8	- hr. min.

9. Birthplace Milroy, Pa. (Town, county, and state)
10. Usual Occupation Leader (Inspector)
11. Industry or business Glen L. Martin Co.

FATHER
12. Name Samuel L. Headings
13. Birthplace Milroy, Pa.

MOTHER
14. Maiden Name Priscilla Yoder
15. Birthplace Belleville, Pa.

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or crematory McVeytown Cemetery
Location McVeytown Pa.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 (a) MAY 7 - 1943 (Date rec'd by registrar) (b) Registrar Williams

VS 150 Via-Railway Exp.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1943, at 11:27 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26, 1943, to May 5, 1943, and that I last saw him alive on May 5, 1943.

	Duration
Immediate cause of death Acute lobar pneumonia	4 days
Due to	
Due to	
Other Conditions Acute lymphatic leukemia (Include pregnancy within 3 months of death)	2 mos.
Date of operation -	
Major findings of operation: -	
of autopsy: As above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Dean M. D.
Address Baltimore, Md. Date signed 5/6/43

4080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04080

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 225 Lumbridge Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7

(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 225 Lumbridge Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane L. Spangler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Alfred P. Spangler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28-1858

8. AGE: Years	Months	Days	If less than one day
84	8	9	hr. min.

9. Birthplace Howard County Pa. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

12. Name Amanda Bliem

13. Birthplace Pa.

14. Maiden Name Thomas Saubach

15. Birthplace Pa.

16 (a) Informant John W. Magee

(b) Address 225 Lumbridge Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-43 (months) (day) (year)

(c) Cemetery or crematory Mickley Hill

Location Bethlehem Pa.

18 (a) Funeral director John C. Miller Sons

(b) Address 2436 E. Oliver Street

19 (a) 5/7/43 (Date rec'd by registrar) (b)

Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to May 7 1943, and that I last saw him alive on May 5 1943.

Immediate cause of death Coronary Occlusion — Duration 3 days

Due to Arteriosclerosis — years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry M. Hamilton M. D.

Address 20 E. Preston St. Date signed 5/7/43.

04081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1251 Eighth Street~~
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 Eighth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Wix

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Albert A. G. Wix
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18-1879

8. AGE: Years	Months	Days	If less than one day
63	7	18	hr. min.

9. Birthplace O (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Joseph Heilman
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Petraing
15. Birthplace Germany

16 (a) Informant Rose Haley 1537 Eighth Street
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2465 Eutaw & Oliver Sts.

19 (a) MAY 7 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/43 19 , at 4 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28/43 19 , to 5/6/43 19 , and that I last saw h[er] alive on 5/6/43 19 .

Immediate cause of death Hypertension C. V. Disease — Duration

Due to

Due to

Other Conditions Uremia. Bedridden Diabetes 3 years. Cholecystitis

(Include pregnancy within 3 months of death)

Major findings of operation 1) Cholecystitis & Adhesions 2) Paralytic Ileus

Of autopsy 3) Cardiac Hypertrophy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J E Goodman M. D.
Address Franklin Sq Hosp Date signed

VS 8

04082 3643 Recestown Road Feb 2 '43 Registered No. 2 04082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 Brantley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1045 Brantley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mable E. White

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Edward T. White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Dola Kansas (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Benjaman Chambers
13. Birthplace Texas

MOTHER
14. Maiden Name Bettie Chambers
15. Birthplace Kansas

16 (a) Informant Edward T. White
(b) Address 1045 Brantley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th 43 (month) (day) (year)
(c) Cemetery or crematory ~~Forest Lawn~~ Arbutus Md
Location Arbutus Cemetery

18 (a) Funeral director Leroy O. Wilson
(b) Address 10007 Brantley Ave

MAY 8 - 1943 (Date rec'd by Registrar) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 19 at 1.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to May 5th 1943. and that I last saw her alive on May 6th 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive cardio vasc. disease.

Due to Aortic aneurism

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mario B. Dow M. D.
Address 118 Dispatch St Date signed 5/7/43

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

G 04083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G 04083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Delverne Ave.
(c) Hospital or institution:

9-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Delverne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY EDWARD VOLKMAR

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	220 - 01 - 3349	male	white	married

6 (b) Name of husband or wife Louisa L. Volkmar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan'y. 3, 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	4	2		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Union Vending Co.

FATHER
12. Name David Volkmar
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elisa Struth
15. Birthplace --

16 (a) Informant Mr. Karl D. Volkmar
(b) Address 6510 Liberty Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
Address Balto., Md.

19 (a) MAY 8 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH May 5, 19 43; at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 19 43 to 5/5 19 43 and that I last saw him alive on 5/5 19 43.

Immediate cause of death: Cardiac Decompensation — Duration 6 hrs.
Due to: Acute Coronary Occlusion — 6 hrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammer Jr. M.D.
Address 5901 York Rd. Date signed 5/7/43

VS 3

04084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 04084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd.
(c) Hospital or institution:
Garrison Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 Ellerslie Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH ELLEN HAMILTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife Charles E. Hamilton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/14/1863

8. AGE: Years	Months	Days	If less than one day
79	5	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Michael F. Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Jane Reith
15. Birthplace Ireland

16 (a) Informant Mr. Cornelius J. Hamilton
(b) Address 625 W. University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAY 8 1943 (Date rec'd by reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943, to May 7 1943, and that I last saw h.. alive on May 6 1943

Immediate cause of death: Cerebral Dropsy — Duration
Due to Chronic Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Morgan M.D.
Address 1216 Marquette Date signed 5/8, 43

VS 3

04085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04085

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1615 E. 25th St.

(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1615 E. 25th St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA AURELIA HUFFMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edward B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	1	hr. min.

9. Birthplace Morgantown, W. Va.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER

12. Name Isaac Whisner

13. Birthplace W. Va.

MOTHER

14. Maiden Name Julia Stottler

15. Birthplace W. Va. (Morgan Co.)

16 (a) Informant Mrs. Lillian Eichelberger

(b) Address 733 Brookwood Rd., HuntingRidge

17 (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

MAY 8 - 1943 Huntington Williams
(Date received) (Registrar)

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943, to May 6 1943, and that I last saw (her) alive on May 6 1943

Immediate cause of death	Duration
Cerebral hemorrhage	7 days
Due to Cerebral arteriosclerosis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. H. Krenzer M. D.

Address 1402 E. Lanvale St. Date signed 5-7-43

Please write plainly; physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that the correct age is given.

G 04086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

G 04086 Registered No.

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 W Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick H. Hoffman

3 (b) If veteran, name war: NV
3 (c) Social Security Account No. NNE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) ~~Name of husband or wife~~: Charles Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1934

8. AGE: Years	Months	Days	If less than one day
3	8	14	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Charles R. Hoffman Jr.
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Harriett Lelich
15. Birthplace Balto. Md.

16 (a) Informant Chas. R. Hoffman Jr
(b) Address 817 W. Lombard St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAY 8 - 1943 (Date rec'd by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 6 1943 and that I last saw him alive on May 6 1943

Immediate cause of death: Toxemia 3rd degree burns
Due to Burns
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-5-43 at 1:30 P.M.
(c) Where did injury occur? 817 W. Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burning with gasoline

23. Signature Lloyd Thigpen M.D.
Address University Hos. Date signed 5/6/43
Howard J. Watkins, M.D.

G 04087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04087

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St JOSEPHS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town MIDDLE RIVER (If outside city or town limits, write RURAL and give town)
(d) Street No. BOX 148 ROUTE 14 (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM E LAWRENCE

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: CHRISTINA A LAWRENCE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-72

8. AGE: Years	Months	Days	If less than one day
70	10	3	hr. min.

9. Birthplace MARYLAND (Town, county and state)
10. Usual Occupation RETIRED POLICEMAN
11. Industry or business City of Balto.

FATHER
12. Name William J. Lawrence
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden Name Belle Baldwin
15. Birthplace Md.

16 (a) Informant Christina Lawrence
(b) Address Twin Rivers Beach Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 E. Pratt St Huntingtown Williamsport Md.

MAY 8 1943 (c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1943, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943 to 5-7 1943 and that I last saw h IM alive on 5-7 1943.

Immediate cause of death	Duration
(a) Uremia and cardiac failure	
Due to (b) Diabetic gangrene Left leg	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 5-3-43
Major findings of operation Diabetic gangrene left leg.
If autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Lawrence Jr. M.D.
Address St Joseph's Hosp Date signed 5-7-43

VS 3

G 04088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04088 Registered No.

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 St. Paul st
(c) Hospital or institution:

12 - 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 St. Paul st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac S. Griffith

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Della May Griffith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27th 1873

8. AGE: Years	Months	Days	If less than one day
70	3	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Unemployed

FATHER
12. Name George N. Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Goldsborough
15. Birthplace Md.

16 (a) Informant Mrs L C. Ward
(b) Address 1706 St. Paul st.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1947 St. Paul St
MAY 8 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1943 6:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 7 1943 and that I last saw h~~is~~ alive on May 6 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas A. Todd
Address 735 N. Fulton Ave Date signed 5/7/43 M. D.

VS 150

434223

04089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

G 04089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Weiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-84

8. AGE: Years 58 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Smith

13. Birthplace Md

MOTHER 14. Maiden Name Mary Tucker

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Eastern Ave.

18 (a) Funeral director John F. Miller

(b) Address 2334 Jefferson St.

19 MAY 8 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 1 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 7 1943 and that I last saw h alive on May

Immediate cause of death Cardiac failure; uremia

Due to Rheumatic heart disease; nephrosclerosis

Due to Rheumatic fever; arteriosclerosis

Other Conditions Colloid goitre; Chronic bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert. C. Austrian

Address The Johns Hopkins Hospital Date signed 5/7/43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04090 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

12-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Goetze Ave. Route #6. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Glenn Francis Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1938

8. AGE: Years	Months	Days	If less than one day
4	11	18	20 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Norris M. Ward
13. Birthplace Maryland

MOTHER
14. Maiden Name Lena J. Baasman
15. Birthplace Balto. Md.

16 (a) Informant Mr. Norris Ward
(b) Address Goetze Ave Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 10 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Rnd.

18 (a) Funeral director Hargadon Funeral Home
(b) Address 7401 Belair Rd.

19 (a) MAY 8 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 7 1943 and that I last saw h.. alive on May 7 1943.

Immediate cause of death Cardio - respiratory failure — Duration 1 day

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Mungavin Jr.
Address 332 E. University Pkwy. Date signed 5/5/43

Huntington Williams, M.D.

YS 180

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure to correct age is especially important.

G 04091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G 04091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Micheal Hauk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	widowed

6 (b) Name of husband or wife late Hannah Atkinson 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1875

8. AGE: Years	Months	Days	If less than one day
68	1	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Own Business

FATHER
12. Name — Hauk
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Hattie F. Hauk
(b) Address 1527 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.

18 (a) Funeral director Asbury H. Dutton
(b) Address 4101 Edmondson Ave.

MAY 8 1943 (Date received) (Huntington Williams, M.D. Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943 at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1942 to May 5 1943. and that I last saw h[illegible] alive on May 5 1943.

Immediate cause of death Gastric Ulcer — Duration

Due to

Due to

Other Conditions Carcinoma & Edema, Gen. Debility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theo W. Koldeway M.D.
Address 715 W. Pratt Date signed 5/10/43

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04092 / 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 1432
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 McCulloh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Lee Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1942

8. AGE: Years	Months	Days	If less than one day
1	2	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Walter Taylor
13. Birthplace Exmore / Va.

MOTHER
14. Maiden Name Florence Tilghman
15. Birthplace Baltimore Md.

16 (a) Informant Florence Taylor
(b) Address 1620 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Md. Calvary
Location Anne Arundel County Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) MAY 8 - 1943 Huntingtown, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 4 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943, to May 6 1943, and that I last saw h[illegible] alive on May 6 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. G. Barnes M. D.
Address Provident Hospital Date signed 5-9-43

PLEASE WRITE PLAINLY, with unfading ink. Spell out full name and address. Do not use abbreviations. Make entries in all spaces or write none. Answer every question. If unknown or doubtful, state so. Give exact date of birth and correct age in years if possible, and in all cases under one year. Underline cause to be charged statistically. Physicians: please write the causes of death clearly and legibly.

G 04093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 04093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 Deepdene Rd
(c) Hospital or institution:

27-13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Deepdene Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie D Rice

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 - 1873

8. AGE: Years 69 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Cockeysville Md (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace Committ

MOTHER
14. Maiden Name Sarah Green
15. Birthplace Md

16 (a) Informant Wm Rice
(b) Address 640 Deepdene Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 8 - 43 (month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location Towson Md

18 (a) Funeral director Grant H Seitz
(b) Address 814 W 36 St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8 MAY 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943, to May 6 1943, and that I last saw h[er] alive on May 6 1943.

Immediate cause of death — Duration
Asthmaticus — 1 hr
Chronic Nephritis — 1 yr
Due to Chronic Interstitial Nephritis — 1943

Due to

Other Conditions Cerebral Hemorrhage — 1943

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Bishop M. D.
Address 501 S Linden Ave Date signed May 7-43

PLEASE WRITE CLEARLY. Use ordinary pen and black ink. Do not use pencil. Be sure to answer every question. Do not leave any space blank. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 04094 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4016 Rutland Ave
(c) Hospital or institution: —
2832
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Rutland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~
M	W.	Widow

6 (b) Name of husband or wife Harriet A Jones
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 10 - 1852

8. AGE: Years	Months	Days	If less than one day
91	+	28	hr. min.

9. Birthplace Elkton Md
(Town, county, and state)
10. Usual Occupation Retired ticket agent
11. Industry or business B & O R.R.

FATHER
12. Name John Thomas Jones
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ann Short
15. Birthplace Md

16 (a) Informant Mrs M Elizabeth Jones
(b) Address 4016 Rutland Ave.

17 (a) Buried (b) Date thereof May 11 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Bertram L Gore
(b) Address 2224 N. Charles St.

19 (a) MAY 8 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 2. A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to May 7 1943, and that I last saw him alive on May 7 1943.

Immediate cause of death	Duration
Acute Cardiac dilatation	24 hr.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard F. Warner M.D.
Address 2404 Garrison Blvd Date signed 5-8-43

VS 3

Huntington Williams M.D.

4085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

✓ G 04095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Dallas Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bonard Hunter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1929

8. AGE: Years	Months	Days	If less than one day
13	5	12	hr. min.

9. Birthplace Kittrell N. C
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business School

FATHER
12. Name Joseph Hunter
13. Birthplace N. C

MOTHER
14. Maiden Name Sylvesta Thorpe
15. Birthplace N. C.

16 (a) Informant Sylvesta Hunter
(b) Address 421 N. Dallas St.

17 (a) Burial (b) Date thereof 5/8/43
(Burial, cremation, or removal) (Month) (Day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Md.

18 (a) Funeral director Elroy B. Wilson
(b) Address 1100 Brantley Ave

MAY 8 - 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 - 1943, at 2.50 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions Laceration of Sp. Cervical vertebra. Fractured femur etc.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-5-43 at 10 P. M.
(b) Where did injury occur? Orleans St. W. of Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto.

23. Signature Howard J. Weidlein M.D.
Medical Examiner.
Date signed 5-6-43

Correct age is especially important. Physicians please write the cause of death clearly and legibly.

4096 T.N 76222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 R

G 04096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Sinnott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st, 1860

8. AGE: Years	Months	Days	If less than one day
83	0	2	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Larry Sinnott
13. Birthplace Ireland

MOTHER
14. Maiden Name Johah Mejner
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 10 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Rd

18 (a) Funeral director J. J. Graham & Sons
(b) Address 1310 Light St Baltimore MD

19 (a) MAY 8 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1943, at 2 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1943 to 5-3 1943, and that I last saw h alive on 5-3 1943

Immediate cause of death Bronchopneumonia + uremia — Duration 3 days

Due to Arteriosclerosis C.V.D.

Due to Cirrhosis of liver

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 30 1943
Major findings of operation Laparotomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Haase
Address Bd of Health Dept Date signed 5/6/43

4697

T.H

81334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57D

G 04097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 315 S.Ann St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Boleslaw (Benjamin) Telmanski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertrude Telmanski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	17	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Polana

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1950 Eastern Ave

19 (a) Huntington Williams M.D. (Registrar)
(b) MAY 8 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-43 19 , at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 19 43 to 5-7 19 43 and that I last saw him alive on 5-7 19 43

Immediate cause of death ? Brain tumor - type undetermined — Duration 3 hrs ?

Due to

Due to

Other Conditions Coma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M.D.

Address B.C.H. Date signed 5-7-43

G 04098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

G 04098
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1147 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie P. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 11, 1887

8. AGE: Years	Months	Days	If less than one day
56	2	426	hr. min.

9. Birthplace King & Queen Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name Charles Stewart
	13. Birthplace King & Queen Co. Va.
MOTHER	14. Maiden Name Lucy Garrett
	15. Birthplace King & Queen Co. Va.

16 (a) Informant William W. Taylor
(b) Address 1147 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1943 (month) (day) (year)
(c) Cemetery or crematory Union Hope Cemetery
Location Saluda, Va.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1611 Druid Hill Ave.

19 MAY 9 - 1943 (Date rec'd by registrar) (b) Interment for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 3:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to May 7 1943.
and that I last saw h[illegible] alive on May 5 1943

Immediate cause of death Carcinoma Lung. and Vertebra Lumbar (metastatic) — Duration 1 yr.
Due to
Due to
Other Conditions Post operative Metastasis following Breast amputation 2 yrs ago
(Include pregnancy within 3 months of death)
Date of operation Breast operation 2 yrs ago
Major findings of operation: Carcinoma
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph L. Young M. D.
Address 1424 E. Monument Date signed May 8, 1943

VS 180

G 04099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04099 Registered No. 74a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give County)
(d) Street No. 709 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helena Gould Shaw

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19 1934

8. AGE: Years 8 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace (City, county and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Nils Hanson Shaw
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Katherine Gould
15. Birthplace Md.

16 (a) Informant Mrs. Helen Shaw
(b) Address 709 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Hudson
(b) Address 4201 Greenmount Ave.

19 (Date received by registrar) MAY 9 – 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1943, to May 6 1943, and that I last saw h-r alive on May 6 1943.

Immediate cause of death Leukemia (myeloblastic) Acute — Duration 3 months?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawson Wilkins M. D.
Address 1014 St Paul St Date signed May 7 1943

VS 3

G 04100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31a

G 04100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 E. 32nd, St.
(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 E. 32nd, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Callahan.

3 (b) If veteran, name war	3 (c) Social Security Account No.
********	*******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rayde V. Callahan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore City

FATHER
12. Name Thomas Callahan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Johanna Long
15. Birthplace Ireland.

16 (a) Informant Mrs. Rayde V. Callahan.
(b) Address 1802 E. 32nd, St, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director John A. Mahon
(b) Address 4201 Greenmount Ave.

19 (a) 5-10-1943 (Date rec'd by Registrar) (b) [illegible] for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15-1941, to 5-6-1943, and that I last saw ~~him~~ alive on 5-5-1943

Immediate cause of death

Uremia
Due to Arteriosclerotic Cardio-renal disease
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
10 days
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Syfert M.D.
Address 780 Stratford Rd signed 5-7-43

G 04101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Homestead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL J. ENGLES

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Mary L.
6 (c) If wife, give age 38

7. Birth date of deceased (mo., day, yr.) Jan 6 — 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	4	1		

1569

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Telegraph Operator
11. Industry or business

FATHER
12. Name Samuel Engles
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Bowen
15. Birthplace Va

16 (a) Informant Mary Engles
(b) Address 910 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11-43 (month) (day) (year)
(c) Cemetery or crematory Mem. Park
Location Old Frederick Rd.

18 (a) Funeral director John A. McCain
(b) Address 4701 Greenmount Ave.

MAY 9 — 1943
(Date rec'd by registrar)

Huntington Williams M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 12:15 P

21. I certify that I took charge of the remains described above, held an inspection ~~of body~~ thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular
Due to Disease

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature For H. R. L. Fontaine Huntington Williams M.D.
Medical Examiner.
Date signed 5/7/43

(over)

G 04102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

X G 04102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway and Fairmount
(c) Hospital or institution: Church Home and Infirmary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town RURAL Barstow (If outside city or town limits, write RURAL and give town)
(d) Street No. Barstow (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME HARDESTY, G. FRANK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
male	white	

6 (b) Name of husband or wife CORA V. CRANFORD HARDESTY

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1860

8. AGE: Years	Months	Days	If less than one day
83	5 4	8 7	— hr. — min.

9. Birthplace Calvert County, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER
12. Name Young Hardesty
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Carr
15. Birthplace Maryland

16 (a) Informant Mrs. George Boyd
(b) Address Barstow, Calvert County, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Wesley
Location Prince Frederick Md.

18 (a) Funeral director A. A. Harkness and Son
(b) Address Mutual Md.

19 (a) MAY 9 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 6 7 AM

21. I certify that death occurred on the date above stated: that I attended deceased from May 7 1943 to May 8 1943 and that I last saw h.i.m alive on May 8 1943

Immediate cause of death Terminal Pneumonia, probable — Duration 1-2 days

Due to Post-operative course, exploratory laparotomy and precolostomy — 4 days

Due to Carcinoma of rectosigmoid junction with abdominal metastases (peritoneum) — 1-2 years

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation May 5, 1943.

Major findings of operation Carcinoma of rectosigmoid junction with peritoneal metastases

of autopsy: no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edward L. Suarez, Marcias M. D.
Address Church Home Infirmary Date signed 5/10/43

VS 250

G 04103
T.N 81306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04103 Registered No. 788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Jean McCoy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13th, 1940

8. AGE: Years	Months	Days	If less than one day
2	4	23	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Jenkins
13. Birthplace ?

MOTHER
14. Maiden Name Rosalie McCoy
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1943 (month, day, year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Ketus Rilkilliams
(b) Address 302 N Schroeder St

MAY 9 - 1943 (Date Filed) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/43 19 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1943 to 5-6 1943, and that I last saw h[illegible] alive on 5-6 1943

Immediate cause of death	Duration
(a) Cerebral Lead Poisoning	
Due to (b) (none)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature O R Loutler M. D.
Address Balt. City Hosp. Date signed 5-7-43

Huntington Mills, Registrar

G 04104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

G 04104
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 414 E. Rt 13
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hogg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			23 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles R. Hogg
13. Birthplace Pa

MOTHER
14. Maiden Name
15. Birthplace Pa

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 5/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Kittamaqundi Bg.

18 (a) Funeral director John A. Connelly
(b) Address 418 Eastern Ave.

MAY 9 - 1943
(Date rec'd by registrar) Lillington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 8 1943 and that I last saw her alive on May 8 1943

Immediate cause of death Atelectasis — Duration 24 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel Hacker M. D.
Address Baltimore Date signed 5/8/43

PRINT WRITE PLAINLY, with ONYADING and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04105
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 Penna Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Penna Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Petersburg Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Private Family

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rev A. J. Taylor
(b) Address 652 Mosher st.

17 (a) Burial (b) Date thereof May 11, 1943.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County, Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAY 9 - 1943 Hunting for Williams, M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 43, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 19 43, to May 6 19 43, and that I last saw her alive on May 31 19 43.

Immediate cause of death	Duration
Cardio Vascular Disease	Unknown
Due to Broken Compensation	3 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C William Frey M.D.
Address 1938 Penna Ave Date signed 5/6/43

VS 1

G 04106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04106 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 Pressman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 Pressman St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Margaret Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1870

8. AGE: Years	Months	Days	If less than one day
72	7	5	hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Ross
13. Birthplace Md

MOTHER
14. Maiden Name Cassie Jenkins
15. Birthplace Md.

16 (a) Informant Marie Moody
(b) Address 1434 Pressman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Balto. Md.

18 (a) Funeral director Mrs Frances Hemsley
(b) Address 578 N. Biddle St. Balto. Md

MAY 9 – 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1943, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24, 1943, to May 6 1943, and that I last saw h[illegible] on May 6 1943

Immediate cause of death [illegible] Duration 10 days

Due to Renal Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Williams

Address 924 Madison Ave Date signed 5/7/43

VS 180

G 04107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 04107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run & Harford Rd.
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 Mc Henry St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Adlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Meyer Adlin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1889

8. AGE: Years 53 54 | Months 11 ? | Days ? | If less than one day hr. min.

9. Birthplace Falls River, Mass. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie Cohen?
15. Birthplace Boston, Mass.

16 (a) Informant Husband & son
(b) Address 749 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

19 (a) 1943 (b) Registrar Huntington Williams M.D.

MAY [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1943, at 1st P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10: 6A 5/2 1943, and that I last saw h.e.r. alive on 5/7 1943.

Immediate cause of death: Meningococcus Meningitis / Meningococcemia — Duration

Due to: with Heart failure

Due to: peripheral collapse

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Sydenham Hosp. Date signed 5/7/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

✓ G 04108
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Wolfe
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 W. Nath Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Grossman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years 84 | Months | Days | If less than one day: hr. min.

9. Birthplace Liverpool, Engla. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Simon Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia
15. Birthplace Germany

16 (a) Informant Louis Frank
(b) Address 1007 W. Nath Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or crematory Balt. Pikesville
Location Pikesville Md.

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St.

19 (a) MAY 9 - 1943 (Date rec'd by registrar) (b) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-1943 to 5-6-1943, and that I last saw her alive on 5-6-1943.

Immediate cause of death Hemorrhage

Due to Carcinoma of Bowel

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation no operation

Major findings of operations:

of autopsy:

Duration
21 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Musnicks M. D.
Address Sinai Hosp. Date signed 5-6-43

VS 3

G 04109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47C

G 04109

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Accuracy, completeness and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution Sinai Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3900 Forest Park Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country Germany

3 (a) FULL NAME Julius Abt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Germany

MOTHER 14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Old Fld by Hamilton Ave

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto St

MAY 9 1943 (Date received by registrar) at Interment for Baltimore MD (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 19 43, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 19 43, to 5/7 19 43

and that I last saw h[illegible] alive on 5/7 19 43

Immediate cause of death Bronchogenic Ca c Metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Max R. Goldstein M. D.

Address Date signed

VS 8

G 04110 G 04110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Home for Aged - Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Home for Aged
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Louis Krusoman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Leah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or crematory Northern Cem
Location Northern Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St.

19 (a) MAY 9 - 1943 (Date rec'd by registrar) (b) Huntington Woods, Mich.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943, to May 8 1943, and that I last saw h[illegible] alive on May 7 1943.

Immediate cause of death: Coronary thrombosis? Cerebral thrombosis?
Due to: Diabetes mellitus, arterio sclerosis
Due to: Old age
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Sinai Hospital Date signed 5/8/43 M. D.

VS 8

G 04111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04111 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Rutland ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Thro
(e) Length of stay in Baltimore (yrs., mos., or days) Thro.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Forest Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Noonberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	New born

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 0 min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name Morris Noonberg
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Amdur
15. Birthplace Baltimore, md

16 (a) Informant Frances Noonberg
(b) Address 2521 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or Crematory Rosedale
Location Old Philadelphia Rd + Hamilton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-43 19 , at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 7 1943 and that I last saw her alive on May 7 1943

Immediate cause of death Not known — Duration

Due to Prematurity

Due to Pre-eclampsia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M. D.
Address Sinai Hosp. Date signed 5-9-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04112 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin O. Hastings

3 (b) If veteran, name war —— No

3 (c) Social Security Account No. 218-09-5693

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Maude Hastings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th 1866

8. AGE: Years	Months	Days	If less than one day
77	1	1	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business Standard Gas

FATHER
12. Name Benjamin Hasting
13. Birthplace Md.

MOTHER
14. Maiden Name Marian ?
15. Birthplace Md.

16 (a) Informant Alice A. Kolb
(b) Address 1802 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery ~~crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) (Person who took charge) (b) Registrar

MAY 10 1943 Thurston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1943 at 6th P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1943 to 5/6 1943, and that I last saw h/ alive on 5/6 1943.

Immediate cause of death: Coronary Thrombosis — Duration 2 days
Due to Hypertensive Cardio-Vascular renal disease — ?
Due to
Other Conditions Obesity. — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St Date signed 5/11/43

G 04113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135a

G 04113 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every item. Information must be given for every item. Please answer all questions. Give usual name of occupation, even if retired. Give exact place of birth, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Bonnet & Ashland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Greenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Whitley

3 (b) If veteran, name war: W
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widowed

6 (b) Name of husband or wife: Ida Whitley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1874

8. AGE: Years	Months	Days	If less than one day
68	7	1	hr. min.

9. Birthplace Balto Md. (Town, county and state)
10. Usual Occupation Brick Layer
11. Industry or business Property Sales Co

FATHER
12. Name W. Whitley
13. Birthplace W.

MOTHER
14. Maiden Name W.
15. Birthplace W.

16 (a) Informant Miss Ruth Hess
(b) Address 2626 Matthew St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 MAY 9 - 1943 (c) Signature of registrar Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1943, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1943, to 5/7 1943, and that I last saw h[illegible] alive on 5/7 1943.

Immediate cause of death: Pulmonary edema — Duration
Due to: Uremia
Due to: Hemorrhagic cystitis
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: Supra Pubic Cystotomy
Major findings of operation: Hemorrhagic Cystitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lovard E. Meisels M.D.
Address Sinai Hospital Date signed 5/7

G 04114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/93D

G 04114 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3137 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William T. Delamar

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie Delamar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1895

8. AGE: Years	Months	Days	If less than one day
48	2	21	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Lunch Room, Prop.
11. Industry or business Self

FATHER
12. Name John Delamar
13. Birthplace N.C.

MOTHER
14. Maiden Name Sarah Paris
15. Birthplace N.C.

16 (a) Informant Jennie Delamar
(b) Address 3137 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director Phillips Memorial Home
(b) Address 2024 Orleans St.

MAY 9 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th. 43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 6 1943, and that I last saw him alive on May 6 1943.

Immediate cause of death Coronary Occlusion — Duration 5/6/43
Due to Ch. Myocarditis — 1940
Due to Arterio Sclerosis — 1939
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William T. Roane M. D.
Address 201 E. Lanvale St. Date signed 5/6/43

VS 3

G 04115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 04115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs.~~ mos., ~~or days~~) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1116 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Mitchell
3 (b) If veteran, name war World War I
3 (c) Social Security Account No. 218-03-2032
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 15th 1890
8. AGE: Years 52 Months 8 Days 21 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business
FATHER 12. Name John Mitchell
13. Birthplace Md.
MOTHER 14. Maiden Name Maggie
15. Birthplace Md
16 (a) Informant Addie Mitchell
(b) Address 1116 Orleans St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1943 (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem. Location Frederick Ave. Balto, Md
18 (a) Funeral director Bodmer, Mangold & Knight
(b) Address 721 Cubquith St
MAY 9 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1943 at 7:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943 to 5-6 1943 and that I last saw him alive on 5-6 1943
Immediate cause of death Hypertensive C-V Disease
Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Chronic Nephritis, Cardiac Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. Andrew Zepp
Address So. Baltimore General Hospital M.D. 5-6-43

VS 250

G 04116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3712 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3712 Liberty Heights Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Noami Falk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Getzel Block
13. Birthplace Russia

MOTHER
14. Maiden Name Tzipa Baigel
15. Birthplace Russia

16 (a) Informant Harry S Falk
(b) Address 3712 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 9 — 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to May 9 1943 and that I last saw h[illegible] alive on May 5 1943

Immediate cause of death (a) Pneumonia

Due to (b) Hypostatic congestion

Due to (c) Nephritis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Krumholz M.D.

Address 122 W Lee r Date signed 5/9/43

VS 110

G 04117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04117

Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Belview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Belview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lela Hinds Dwight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William H. Dwight
6 (c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): Dec 30/1877
8. AGE: Years 65 | Months 4 | Days 8 | If less than one day: hr. min.
9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: At home
11. Industry or business:
FATHER 12. Name: Charles H. Hinds
13. Birthplace: Baltimore Md.
MOTHER 14. Maiden Name: Rachael Emmrolt
15. Birthplace: Baltimore Md.
16 (a) Informant: Katherine H. Keede
(b) Address: 2938 Clifton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 11/1943 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md.
18 (a) Funeral director: Harry H. Annacott
(b) Address: 4204 Ridgewood Ave
19 (a) May 9 — 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/8 1943 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to 5/7 1943.
and that I last saw her alive on 5/7 1943.

Immediate cause of death
(a) Coronary Occlusion
Antecedent causes (b) Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last. (c) Chronic nephritis
Due to (d) ?

Duration: (a) 3 yrs (b) 2 yrs (c) 3 weeks (d)

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D.
Address: 3902 Groseland Rd. Date signed: 5/8/43

Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

G 04118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Colbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Roman Colbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14th 1900

8. AGE: Years	Months	Days	If less than one day
42	9	22	hr. min.

9. Birthplace Dover - Delaware (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Griffin
13. Birthplace Dover - Delaware

MOTHER
14. Maiden Name Elsie Henson
15. Birthplace Dover - Delaware

16 (a) Informant Elsie Griffin
(b) Address 1139 Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lincoln Cemetery
Location Balto. Md.

18 (a) Funeral director Archibald C. Gaddy
(b) Address 2138 McCulloh St. Huntington Williams, M.D.

19 (a) MAY 9 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1943, to May 6 1943, and that I last saw h OR alive on May 6 1943.

Immediate cause of death: Hypertensive Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. G. Bynum
Address Provident Hospital Date signed 5-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 04119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 04119
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Balmor Court (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Agnes Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15th 1914

8. AGE: Years	Months	Days	If less than one day
28 yrs	3	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Daniel Smith
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Hosey
15. Birthplace Baltimore Md.

16 (a) Informant Agnes Smith
(b) Address 1622 Balmor Court

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-9-43 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Balto Md

18 (a) Funeral director Emmett A. C. Gaddis
(b) Address 2101 Mc Cullough St

19 (a) MAY 9 - 1943 (Date rec'd by registrar) (b) Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 6 1943, and that I last saw h/his alive on May 6 1943.

Immediate cause of death	Duration
Lobar Pneumonia (Bilateral)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
1 Passive congestion of liver
of autopsy: 2 Edema of consolidation rt. & left lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Bayliss
Address Provident Hospital Date signed 5-9-43

correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

G 04120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87B

G 04120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Linboro, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora adamms

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-22-8053

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1927

8. AGE: Years	Months	Days	If less than one day
16	3	14	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Ralph adamms
13. Birthplace maryland

MOTHER
14. Maiden Name Lennie Grum.
15. Birthplace Maryland.

16 (a) Informant Cora White
(b) Address Hampstead, md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Linboro
Location md

18 (a) Funeral director Jacob Gunk & Sons
(b) Address Manchester, md

19 (a) (Date received by registrar) (b) Huntington Williamsport Md

MAY 11 1943

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943, to May 7 1943, and that I last saw her alive on May 7 1943.

Immediate cause of death, Pulmonary edema with congestion — Duration: 26 d.

Due to Acute infectious polymyositis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Pearce Macmillan M.D.
Address University Hosp Date signed 5-7-43

G 04121

G 04121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1218

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Millman St
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Millman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Bryson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	W.

6 (b) Name of husband or wife George Bryson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1886

8. AGE: Years	Months	Days	If less than one day
56	4	11	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation House Keeper
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Romanna Bell
15. Birthplace N.C.

16 (a) Informant Betty Lankard
(b) Address 1517 Millman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos J Wilson
(b) Address 1000 Brantly

19 (a) (Date rec'd by registrar) (b) E. T. Williams, M.D. Registrar

MAY 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1943 to May 1943.
and that I last saw h alive on 5/1 1943

Immediate cause of death Chronic Myocarditis — Duration P. (17)
Due to
Due to
Other Conditions Chr. Nephritis — 1 year
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin B. LeCompte
Address 1113 N. Curtis St Date signed 5/8/43

G 04122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 W. Lombard St.
(c) Hospital or institution:

19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wendell B. Primrose Sr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Maggie E. Thomas
6 (c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Feb. 21, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	2	14		

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business: Copper Works

FATHER
12. Name: William G. Primrose
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Deneker
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs Maggie E. Primrose
(b) Address: 1529 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-45 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Frederick C. Tyler
(b) Address: 1900 W. Lombard St.
(c) Date received by registrar: MAY 9 - 1943 (d) Registrar: Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5th 1945 at 5:20 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Coronary occlusion — Dead on arrival — Duration

Due to: See Med Examiner

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Howard J. Madden M. D.
Address: Date signed

Howard J. Madden, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Knoll 1/2 Dr Harvey Beck 1 East 23rd St Saratoga 04123

G 04123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122 B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Braddish Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Braddish Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Henry Disney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lena Disney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1870

8. AGE: Years	Months	Days	If less than one day
73	3	1	hr. min.

9. Birthplace Balto. Md.
(City, county or state)
10. Usual Occupation Chauffeur
11. Industry or business Morris Gregg

FATHER
12. Name Snowden V. Disney
13. Birthplace Md.

MOTHER
14. Maiden Name Un Known
15. Birthplace "

16 (a) Informant Sarah E. Council
(b) Address 3535 Falls Rd

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Western
Location Balto Md.

18 (a) Funeral director Wilkinson Cook Inc
(b) Address 1217 St Paul St

MAY 9 - 1943
(Date rec'd by registrar)
Huntington Williams, Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 4:44 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1943 to 5/8 1943 and that I last saw h. l. alive on 5/8 1943.

Immediate cause of death	Duration
Intestinal Obstruction	2
Due to Chronic cholecystitis & Cholelithiasis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Knoll M. D.
Address 100 E. 23rd St. Date signed 5/9/43

G 04124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V93c

G 04124 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 W. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Glenn C. Fike

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emily R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1910

8. AGE: Years	Months	Days	If less than one day
32	9	13	hr. min.

9. Birthplace Garrett Co Md (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Md Dry Dock Co

FATHER 12. Name Martin Fike

13. Birthplace Md

MOTHER 14. Maiden Name Marcia Kelley

15. Birthplace Md

16 (a) Informant Mrs Marcia Fike

(b) Address 302 W Lanvale St

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof 5/9/43 (month) (day) (year)

(c) Cemetery or crematory Confluence

Location Confluence Pa

18 (a) Funeral director Gilhooly & Son Inc

(b) Address 4 E Lombard St

19 (a) MAY 9 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1943, at 3.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Natural death on the day stated above.

Immediate cause of death Rheumatic Cardio-vascular disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Duffy M.D. Medical Examiner.
Date signed 5/9/43.

VS 6

G 04125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 04125 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE F CARROLL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
WO	229-03-9175	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1910

8. AGE: Years	Months	Days	If less than one day
33	2	6	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Maryland Drydock Ship Yard

FATHER
12. Name Isaac Carrol
13. Birthplace Va

MOTHER
14. Maiden Name Katie Cooper
15. Birthplace Va

16 (a) Informant Mrs Reed
(b) Address 2129 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Staunton
Location Staunton Va

18 (a) Funeral director Tillman Col Inc
(b) Address 1219 H Paul St

19 (Date received by registrar) MAY 6 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1943, at 4 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I, find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic — Duration
Due to
Due to
Other Conditions Ho
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: Ho
of autopsy: Ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M D Wollenweber M.D. Medical Examiner.
Date signed 5-7-43

VS 6

G 04126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 C

G 04126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Appleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Appleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST SEIBEL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Eleanora M. Seibel
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	5	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Jeweler by trade
11. Industry or business

FATHER
12. Name August Seibel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mildred Richardson
15. Birthplace Va

16 (a) Informant Mrs. Eleanora M. Seibel
(b) Address 1019 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location 2300 Pedgrift Rd.

18 (a) Funeral director John Cowan Inc
(b) Address 901-03 Hollins St

MAY 8 – 1943 (Date filed by Registrar) (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 9:45 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Suicide - Bullet wound of chest

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-7-43 at — a M.
(b) Where did injury occur? Above address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury Revolver

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-7-43

Huntington Williams, M.D. Registrar

G 04127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45F

Registered No. G 04127

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 ROSALIND AVENUE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Rosalind Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert R. Fair

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-09-4498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence L. Fair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1883

8. AGE: Years	Months	Days	If less than one day
60	4	28	hr. min.

9. Birthplace Taneytown, Maryland (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Men's Furnishings Store

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Florence L. Fair
(b) Address 3018 Rosalind Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Taneytown, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 3005 Park Heights Avenue

19 MAY 10 1943 Huntington Williams M.D. (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1943, at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1943, to May 7 1943, and that I last saw h. alive on May 6 1943.

Immediate cause of death — Duration
Carcinoma of upper pharynx, post. — 17 mos
Due to nares & alya
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer A. Dodd
Address 735 N. Fulton Ave. Signed 5/9/43 M.D.

VE 3

G 04128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04128

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 Wilmington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr. 6mons

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice L. York

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Florian York
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1893

8. AGE: Years	Months	Days	If less than one day
50	0	8	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Martin Cuddy
13. Birthplace Maine

MOTHER
14. Maiden Name Ada Perkins
15. Birthplace Maine

16 (a) Informant Florian York
(b) Address 1920 Wlmington Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or crematory
Location Bangor Maine

18 (a) Funeral director Chilyn Herwig Sons
(b) Address 2024 Orleans St

MAY 10 1943 (Date received by Registrar) Hunting ton Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9/43 19 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-1943 to 5-9 1943. and that I last saw her alive on 5-7-1943.

Immediate cause of death Pericarditis. Duration 8 days

Due to Uremic heart Valvular - Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Swan M. D.
Address Medical arts Bldg Date signed

04129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04129
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Glenmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Glenmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. Adolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 - 1883

8. AGE: Years	Months	Days	If less than one day
59	7	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Baldwin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Adams
15. Birthplace Balto. Md.

16 (a) Informant George F. Adolph
(b) Address 3403 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director George L. Johnson
(b) Address 2101 Frederick Ave

19 (a) MAY 10 1943 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943, to May 7 1943, and that I last saw him alive on May 6 1943.

Immediate cause of death	Duration
Carcinoma Pancreatis	
Due to Carcinoma Peritonei	
Due to Hyperthyroidism	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. Boyle M. D.
Address 5217 - Harford Rd. Date signed 5/7/43

G 04130

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 106B

Registered No. G 04130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore W
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Pollard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1858

8. AGE: Years	Months	Days	If less than one day
84	7	25	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Mail Carrier
11. Industry or business Retired

FATHER
12. Name Peter Pollard
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ann Battee
15. Birthplace Md.

16 (a) Informant Mrs. Charles C. Muth
(b) Address 2700 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry A. Nitzke
(b) Address 4691 E. Monument ave

MAY 10 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7/43 19 . at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 7 1943 and that I last saw him alive on May 7 1943

Immediate cause of death: Arteriosclerosis — Duration

Due to

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagrott M. D.

Address 1724 W Lanvale Date signed 5/8/43

VS 150

04131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G 04131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 S. Fagley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 60yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S. Fagley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George A. Sochnlein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Lata Annie Hatamaw 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Sochnlein
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Saul
15. Birthplace Germany

16 (a) Informant Miss Elsie Sochnlein
(b) Address 821 S. Fagley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave & Milton

18 (a) Funeral director Harry W. Fritzke
(b) Address 4101 Edmondson Ave

19 MAY 10 1943 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1941, to May 6 1943, and that I last saw him alive on May 4 1943

Immediate cause of death Carcinoma of tonsil — Duration 20 mos.
Due to
Due to
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Frankel, M.D.
Address 630 S. Conkling St. Date signed 5/7/43

VS 150

G 04132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 04132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave + Dukeland St
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Caplan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1885

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Honey Works

FATHER 12. Name Lazer Sandler

13. Birthplace Russia

MOTHER 14. Maiden Name Rachel —

15. Birthplace Russia

16 (a) Informant Thomas Rayner

(b) Address 1421 N. Bentalou st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Bowleys Lane

18 (a) Funeral director Sol Kweyman & Bro

(b) Address 1124-26 W North ave

19 Huntington Williams M.D. Registrar

MAY 10 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943 19 at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5/43 19 to 5/9/43 19, and that I last saw her alive on 5/9/43 19.

Immediate cause of death: Pulmonary Embolus — Duration

Due to: Thrombophlebitis of left leg

Due to:

Other Conditions: Arteriosclerotic heart disease; pneumonia (Edema) (Significant conditions contributing to death but not related to immediate cause given in 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leodore Thorofsky MD

Address West Balto Gen Hosp Date signed 5/9/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

04133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 04133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4203 Springdale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4203 Springdale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abbie M. Baughman

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Widow

6 (b) Name of husband or wife John H. Baughman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1855

8. AGE: Years	Months	Days	If less than one day
87	7	20	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. P. Wright
13. Birthplace Caroline Co. Md.

MOTHER
14. Maiden Name Sarah A. Tileston
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Blanche T. Escavaille
(b) Address 1730 Poplar-Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) MAY 10 1943 (Date received by Registrar) Washington Nitkiewicz, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1942, to May 7 1943, and that I last saw h.e.r. alive on May 6 1943.

Immediate cause of death	Duration
1 Arteriosclerosis	5 yrs. ?
Cardio-Vascular Disease	
Due to	
Due to - Carcinoma Rectum	1 yr.
Other Conditions - Hemorrhoids	
Sclerosis.	

(Include pregnancy within 3 months of death)
Date of operation - None
Major findings of operation: - None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 5/8/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

02134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04134
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5800 Cardiff Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5800 Cardiff Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICKA BURKHARDT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Geo. Burkhardt
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 24, 1860

8. AGE: Years 83 | Months 3 | Days 12/12 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Judd
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Mr. charles Burkhardt
(b) Address: 5800 Cardiff Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn Cemetery
Location: Baltimore County

18 (a) Funeral director: H. Sander & Sons
(b) Address: North Ave. & Broadway

19 (d) MAY 10 1943 (Date rec'd by registrar) Beatrice for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to May 7 1943, and that I last saw h[illegible] alive on May 7 1943.

	Duration
Immediate cause of death: Arteriosclerotic C.V. Disease	
Cor Impocardatus	
Due to: Coronary Thrombosis	May 1, 1943
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Date of operation: None	
Major findings of operation: None	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? None
(b) Date of occurrence: None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Eisenhimmick M. D.
Address: 842 S Ellwood Ave Date signed: 5-9-43

VS 180

04135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 93D

G 04135

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d. 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Warren Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Chrenochoo

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F M	W	Married	Theodore	years

7. Birth date of deceased (mo., day, yr.) March 23 1897

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	1	17	15	

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Charles Thos Bevan
13. Birthplace Md

MOTHER
14. Maiden Name Mary R Ensor
15. Birthplace Germany

16 (a) Informant Mrs Theodore Chrenochoo
(b) Address 411 Warren Ave

17 (a) Burial (b) Date thereof 5/11/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Marsch
(b) Address 715 [illegible]

MAY 10 1943
(Date rec'd by registrar)

[illegible] for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19 43 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 8 1943, and that I last saw h. alive on May 8 1943

Immediate cause of death	Duration
Cardiac failure	
Due to Meningitis, ? ? ? ? ? etiology	
Due to Hypertensive cardio Vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D. Rosin M. D.
Address University Hospital Date signed 5/9/43

VB 180

04136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04136
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution:
So Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Capt Frederick W Kolb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 [illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	10	24		

9. Birthplace Galesville A A Co Md (Town, county, and state)

10. Usual Occupation Capt.

11. Industry or business Tolchester Steam Boat Co

FATHER
12. Name John Kolb
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Kirchner
15. Birthplace Maryland

16 (a) Informant Mrs Grace Kolb
(b) Address 1629 Chilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Quaker Cem
Location Galesville Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 MAY 10 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 9 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from D.O.A. to 19..., and that I last saw h... alive on ... 19...

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Anthony Hengerer M.D.
Address 120 Light Street Date signed 5/11/43

I, J.W.L. Hollenweber
Howard J. Malberg M.D.

VS 180

G 04137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

G 04137 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 192 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Somerset St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther Brickers 77639

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Delores

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1919

8. AGE: Years	Months	Days	If less than one day
23	4	24	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation truck driver

11. Industry or business

FATHER
12. Name John Brickers
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie Dorsey
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 '43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery
Location Brooklandville Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1005 Brantley & Huntington for Williamsport Md

MAY 10 1943 (Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942, to May 7 1943, and that I last saw him alive on May 7 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alexis S Hartz
Address Balto City Hosp Date signed 5/6/43

Or. Boorley

G 04138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 04138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4536 Marble Hall Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4535 Marble Hall Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Buckley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Florence E. Buckley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1890

8. AGE: Years	Months	Days	If less than one day
53	1	19	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Post Office Inspector
11. Industry or business

FATHER
12. Name Cornelius J. Buckley
13. Birthplace New York

MOTHER
14. Maiden Name Elida Nichols
15. Birthplace New York

16 (a) Informant Florence E. Buckley
(b) Address 4535 Marble Hall Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Utica, N. Y.

18 (a) Funeral director Leonard J. Ruch
(b) Address 5305 Harford Rd

19 (a) MAY 10 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to May 7 1943, and that I last saw him alive on May 6 1943.

Immediate cause of death Mantle Cell Lymphosarcoma — Duration 2 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations —

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury None

23. Signature L. L. Gorsky M.D.
Address 5106 Harford Rd Date signed 5/8/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

Registered No. G 04139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 White Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 White Av. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Amelia Martell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife John Scott Martell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-1863.

8. AGE: Years	Months	Days	If less than one day
79	6	2	hr. min.

9. Birthplace Baltimore County. (Town, county, and state)
10. Usual Occupation Home.
11. Industry or business

FATHER
12. Name William A. White.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary A. Barbour
15. Birthplace Baltimore Co.

16 (a) Informant William Jno. Martell
(b) Address 3002 White Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Leonard J. Mertz
(b) Address 5301 Harford Rd

MAY 8 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943, to May 7 1943, and that I last saw her alive on May 7 1943.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 15 minutes

Due to Generalized Arteriosclerosis and Hypertension.

Due to

Other Conditions Terminal Hypostatic Pneumonia.
(Include pregnancy within 3 months of death)

Date of operation No.

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Jerome Mulligan
Address 5600 Harford Rd. Date signed 5/7/43 M.D.

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04140 Green

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. C 04140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Mary Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Mary Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John George Menzel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lilly Mary Swift
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 13 1878

8. AGE: Years	Months	Days	If less than one day
65	-	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Enoch Pratt Library

FATHER
12. Name Karl Menzel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret
15. Birthplace Germany

16 (a) Informant Lilly Mary Menzel
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location

18 (a) Funeral director Leonard J. Roach
(b) Address 3305 Harford Road

MAY 10 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 3:55 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1942 to May 7 1943 and that I last saw h alive on May 7 1943.

Immediate cause of death
Carcinoma
Due to Rt nipple
Due to (Metastasis)

Duration About 9 years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Green M.D.
Address 3009 Greenmount Ave Date signed 5/8/43
Baltimore Maryland

VS 180

* Underline cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

04141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 04141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2561 Robb Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2561 Robb St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna D. Adelhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John J. Adelhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1861

8. AGE: Years	Months	Days	If less than one day
82	2	9	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Fiedler
13. Birthplace Germany

MOTHER
14. Maiden Name Eva
15. Birthplace Germany

16 (a) Informant Geo. J. Adelhardt
(b) Address 1417 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-43 (month) (day) (year)
(c) Cemetery or crematory Holy Red.
Location

18 (a) Funeral director Leonard J. Rusch
(b) Address 5305 Harford Rd.

19 (a) MAY 10 1943 (Date rec'd by registrar) Edmund A. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 7:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to May 7 1943, and that I last saw [illegible] alive on May 1 1943.

Immediate cause of death

	Duration
Cardiac Insufficiency	2
Due to Arteriosclerosis.	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel L. Lyon M.D.
Address 1161 E. North Ave. Date signed 5/7/43

VS 3

04142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04142
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Overland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Zeglen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Helen Zeglen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-1883

8. AGE: Years	Months	Days	If less than one day
59	10	11	hr. min.

9. Birthplace Annapolis Md.
(Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business

FATHER
12. Name Owen M Zeglen
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Ellen Clapp
15. Birthplace Balto. Md.

16 (a) Informant Wife
(b) Address 2700 Overland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-12-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto

18 (a) Funeral director Leonard Wright
(b) Address 530 Harford Rd

19 (a) MAY 10 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 1.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Circulatory Failure
Due to Cardiac Failure
Due to Coronary Thrombosis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Matthew M Cf. M. D.
Address Bon Secours Hospital Date signed May 9, 1943

VS 8

G 04143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 437 N Milton Ave
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 N Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James P. Prevas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Prevas

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) July 7 1880

8. AGE: Years	Months	Days	If less than one day
62	10	-	hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation Engr
11. Industry or business Soda Fountain

FATHER
12. Name Peter Prevas
13. Birthplace Greece

MOTHER
14. Maiden Name Bertha
15. Birthplace Greece

16 (a) Informant Mary Prevas
(b) Address 437 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director Leonard Hunt
(b) Address 520 S Howard St

19 (a) MAY 10 1943 (Date rec'd by registrar) Hunter for Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 9:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 7 1943, and that I last saw him alive on May 7 1943.

Immediate cause of death: Congestive Heart Failure — Due to: Arterisclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuertes
Address St Joseph's Hosp. Date signed 5-9-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Alessi

G 04144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. G 04144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Hamilton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Mueller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Elizabeth Roth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2 1860

8. AGE: Years	Months	Days	If less than one day
82	8	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Christian Krogner
15. Birthplace Germany

16 (a) Informant Mrs. Daisy Pleiner
(b) Address 3210 Hamilton Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue
18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road
19 MAY 10 1943 Registrar

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 24 1943 to May 7 1943, and that I last saw h~~e~~ alive on May 7 1943.

Immediate cause of death: Arteriosclerotic cardio-vascular renal disease — Duration: 5 yrs.?
Due to
Due to
Other Conditions: Fracture left hip 2-24-43
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2-22-43 at M
(c) Where did injury occur? Home - above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped on a rug

23. Signature S. A. Alessi M. D.
Address 6210 Harford Rd Date signed

G 04145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

G 04145 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Tyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Tyndale Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Gilchrist

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 - 1873

8. AGE: Years	Months	Days	If less than one day
69	6	-	hr. min.

9. Birthplace Baldwinsville, N.Y. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James L. Kendall
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Edith Schmidt
(b) Address 3220 Tyndale Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Syracuse N.Y.
18 (a) Funeral director Samuel Mintz
(b) Address 505 Cleveland Ave
(b) Huntington Williamsport (Registrar)

MAY 10 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1943, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943 to May 4 1943, and that I last saw her alive on May 3, 1943

Immediate cause of death Carcinoma of lung — Duration 3 months

Due to Metastasis from Carcinoma of intestine — Duration 8 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene P. Lawrence M. D.
Address 514 Dumas Lane Date signed 5/5/43

G 04146 RUFFIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G 04146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 W. 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 West 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Reiffen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	Col	Married	James	years

7. Birth date of deceased (mo., day, yr.) Aug 15/1902

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	8	21		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Tinsley
13. Birthplace Va

MOTHER
14. Maiden Name Leeanee Massey
15. Birthplace Va

16 (a) Informant James Reiffen
(b) Address 107 W. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 18 (day) 43 (year)
(c) Cemetery or crematory MT Calvary Cem
Location A. A. CW

18 (a) Funeral director Rayner Sanders
(b) Address 1442 E Preston St

MAY 10 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 8 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 26 43 to May 6 1943 and that I last saw h[illegible] alive on May 6 1943

Immediate cause of death Chronic Nephritis — Duration 3 mo.
Due to
Due to
Other Conditions Hypertension — 3 mo.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H Wirth
Address 515 Wilmington Date signed 5/8/43

VS 130

04147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Penal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES MUSSINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7186

4. Sex male | 5. Color or race White | 6 (a) Single, married, ~~widowed~~, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1876

8. AGE: Years 66 | Months - | Days - | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Windowcleaner

11. Industry or business National Windowclg

FATHER 12. Name Richard Mussington
13. Birthplace Md

MOTHER 14. Maiden Name Henneretta Gillespie
15. Birthplace Va

16 (a) Informant Mrs Yates
(b) Address 2129 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director Leo G. Brook
(b) Address 701-03 W Pratt Street

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Hillsdale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1943 at 4:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions No
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-4-43

VS 151

04148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D ✓

Registered No. G 04148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2504 E Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 E Oliver St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Samuel Hundt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-2048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rowena A Hundt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1885

8. AGE: Years	Months	Days	If less than one day
58	3	13	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business Bethelmm Steel Co

FATHER
12. Name Gotfeib Hundt
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Rowena Hundt
(b) Address 2504 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patt Park Ave

19 (a) MAY 10 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/42 19 to 5/7/43 19 ; and that I last saw h alive on 5/7/43 19 .

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Hypertensive Heart Disease	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Max Bauer M.D.
Address 1501 N. Milton Ave Date signed 5/8/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 04149

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Krauss

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Bertha Krauss
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Picture Frame Worker
11. Industry or business Picture Frame Factory.

FATHER
12. Name Henry Krauss
13. Birthplace Germany.

MOTHER
14. Maiden Name Minnie Schmidt.
15. Birthplace Germany

16 (a) Informant Mrs Bertha Krauss
(b) Address 1608 Hanover St.

17 (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. city

18 (a) Funeral director G. Vernon Stemmer
(b) Address 1611 Pennsylvania Ave. Baltimore, Md.

19 (a) MAY 10 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16/39 to 5/7/ 1943, and that I last saw him alive on 5/5/ 1943.

Immediate cause of death: Coronary thrombosis — Duration: ?

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Deitel
Address 1226 Hanover St. Date signed 5/8/43 M. D.

VS 3

G 04150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No.

G 04150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 E. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Perina Filomena Papparotto

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Giovanni Papparatto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 26 1882

8. AGE: Years	Months	Days	If less than one day
60	5	12 11	hr. min.

9. Birthplace Treviso Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Giovanni Granello
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Artuso
15. Birthplace Italy

16 (a) Informant Giovanni Papparotto (Husband)
(b) Address 3707 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) MAY 10 1943 (b) Thurlington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1943, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1943 to May 8, 1943 and that I last saw h alive on May 7, 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eugene L. Cavanaugh M. D.
Address 3-14 Druid Pk Dr. Date signed 5-10-43

VS 2

Please write plainly, with pen and ink. Every question must be answered. Do not use ditto marks. If unknown, state so. Please give full information and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330 Registered No. G 04151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 Brantley Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1894

8. AGE: Years 49 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace British West Indies (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace British West Indies

MOTHER
14. Maiden Name Unknown
15. Birthplace British West Indies

16 (a) Informant Mary Moore Murray
(b) Address 240 a Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George M. Strolland
(b) Address 1691 Pennington Ave

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 2.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1943 to May 7 1943 and that I last saw h[illegible] alive on May 7 1943.

Immediate cause of death: Acute Nephritis — Duration

Due to

Due to

Other Conditions: Pyelonephritis + Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. M. Bergsila M. D.
Address [illegible] Date signed 5-8-43

VS 3

G 04152
433576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. G 04152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Presstman (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Wood
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Millie
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 3-11-80
8. AGE: Years 63 | Months 1 | Days 26 | If less than one day: hr. min.
9. Birthplace Ky (Town, county, and state)
10. Usual Occupation Director
11. Industry or business

FATHER
12. Name William Wood
13. Birthplace Ky

MOTHER
14. Maiden Name Fannie Myers
15. Birthplace Ky

16 (a) Informant Mrs Elsie Wood
(b) Address Johns Hopkins Hospital 305 Presstman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George W. Stollad
Address 1600 Druid Hill Ave

MAY 10 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 935 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1943 to May 7 1943 and that I last saw HIM alive on May 7 1943.

Immediate cause of death: Heart Failure — Duration: 5 weeks
Due to: Myocardial Infarct
Due to: Arteriosclerotic heart
Other Conditions: Disease

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged mathematically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Austrian
Address The Johns Hopkins Hospital signed 5/8/43

VS 180

04153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

G 04153

Registered No.

MJ- 81292

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Ewell (Russell Lee Ewell)

3 (b) If veteran, name war none

3 (c) Social Security Account No. 296-01-4854

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1907

8. AGE: Years 35 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Baltimore)
(Town, county, and state)

10. Usual Occupation Unskilled Laborer

11. Industry or business Bethlehem - Fairfield

FATHER
12. Name Geroge Ewell
13. Birthplace Maryland (Pocomac City)

MOTHER
14. Maiden Name Florence Shettle
15. Birthplace Maryland (Baltimore)

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Ave., Baltimore, Md.

19 MAY 10 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1943, at 4:54 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1943, to 5/8 1943, and that I last saw h[illegible] alive on 5/8 1943.

Immediate cause of death ? Ventricular fibrillation

Due to Rheumatic Heart Disease

Due to

Other Conditions Pulmonic, L Leg

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

See above

of autopsy:

Duration
?
? 20 yrs
10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Paul Hutton M.D.
Address BALTIMORE CITY HOSPS **Date signed** 5/9/43

VS 250

04154 Gilchrist

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 04154
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Kennedy Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Kennedy Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL GILCHRIST

3 (b) If veteran, name war **
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Frances Grabner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1875

8. AGE: Years	Months	Days	If less than one day
67	9	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Gilchrist
13. Birthplace Ireland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Frances G. Gilchrist
(b) Address 2704 Kennedy Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 2 0 1943 Balto., Md.

19 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1943 at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to 5-7 1943.
and that I last saw alive on 5-7 1943.

Immediate cause of death	Duration
Coronary Disease	four
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thad Amy Hunter for Williams, M.D.
Address 00 N. Potters Road Date signed 5-12-43

Reg 04155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04155

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Caroline Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7814 Old Harford Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Mrazek
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/85

8. AGE: Years	Months	Days	If less than one day
57	6	9	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business Cons. Gas & Elec. Co.

FATHER
12. Name Bohumil Mrazek
13. Birthplace Czech.

MOTHER
14. Maiden Name Anna Spirek
15. Birthplace Czech.

16 (a) Informant Jerome Neuman (Nephew)
(b) Address 7807 Tilmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or [illegible] Oak Hill
Location Phila. Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 8 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry & no autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Le Gratan M.D.
Medical Examiner.
Date signed May 8 1943

04156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04156 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution:
Harford Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Hudson Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARY BARBARA DEKEEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or ~~wife~~ Sylvester DeKeen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1877

8. AGE: Years	Months	Days	If less than one day
66 yrs	1	25	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert Schimunek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Jedlicka
15. Birthplace Czechoslovakia

16 (a) Informant Sylvester DeKeen
(b) Address 3000 Hudson Street

17 (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical Cem.
Location O'Donel Street.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

MAY 10 1943 (c) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 6 1943 and that I last saw her alive on May 5 1943.

Immediate cause of death Cerebral Hemorrhage — Duration ?
Due to Arteriosclerosis
Also Arthritis Deformans
Other Conditions Terminal uremia
Ventral Hernia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold
Address 4706 Harford Road Date signed M/D/ 5/8/43

VS 8

G 04157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1602

G 04157
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenwood & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Ann Moraniec

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Chester Moraniec
13. Birthplace Mich

MOTHER
14. Maiden name Mary J. Elliott
15. Birthplace Penna.

16 (a) Informant Chester Moraniec
(b) Address 1710 Bolton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Carlin's
Location Balto Md

18 (a) Funeral director George A. Furlong
(b) Address Fulton & Fayette

MAY 10 1943 (Date received by registrar) (b) Hunter for Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1943 at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 7, 1943 to MAY 8 1943 and that I last saw h[illegible] alive on May 8, 1943.

Immediate cause of death	Duration
Aspiration Pneumonia	1 day
Due to aspiration of amniotic fluid	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Geeba, M.D.
Address Univ. Hospital Date signed 5/9/43

04158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. C 04158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3716 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3716 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Rosenthal

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6490

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Sulyan Rosenthal (Son)
(b) Address 3444 Caldfield Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad. Rd & Franklyn Ave

18 (a) Funeral director Jos Levin Sons
(b) Address 1439 E. Balto. St

19 MAY 10 1943 (Date rec'd by registrar) (b) Hunter's Lane Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1943 to May 9 1943 and that I last saw h. alive on 5-9 1943.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin
Address 3400 Hilton Rd Date signed 5/9/43

VS 150

G 04159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1827 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1827 Light St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ava Hess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) Henry A. Hess

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1867

8. AGE: Years	Months	Days	If less than one day
75	8	9	hr. ___ min.

9. Birthplace Harford Co., Md (Town, county, and state)

10. Usual Occupation At Home -

11. Industry or business

FATHER
12. Name Benedict Mabelond
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Sarah McVay
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Birdie B. Spearl
(b) Address 1827 Light St. (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1943 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem.
Location A. A. Co., Md.

18 (a) Funeral director A. Bowman Evans
(b) Address 1400-02 St. Charles St.

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Hunting for Williamsport, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943, to May 9 1943, and that I last saw her alive on May 8 1943.

Immediate cause of death: Exhaustion — Duration: 2 Hr.

Due to: Mitral Regurgitation — Duration: Indef.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Campbell M. D.
Address 1644 Hanover St Date signed May 10 1943

G 04160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04160
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Manor ave - Overlea, Md.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1/2 yr.

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Manor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elaine Nemetaky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, '43

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter R. Nemetaky
13. Birthplace Ziegler, Illinois

MOTHER
14. Maiden Name Mary Elaine Nemetaky - Wilson
15. Birthplace Townley, Alabama

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dyer's Sons
(b) Address 7112 Harford Rd.

19 MAY 10 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th, 1943, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1943 to May 9 1943 and that I last saw h[illegible] alive on May 9 - 1943.

Immediate cause of death Respiratory failure.

Due to Broncho-pneumonia

Due to Congenital Broncho-esophageal fistula

Other Conditions Prematurity.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Dillinger M. D.
Address St. Joseph's Hosp. Date signed May 9 - 1943
Balto. Md.

VS 8

Please write plainly, with unfading ink. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 04161
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Ference

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	218-01-2067	male	white	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-89

8. AGE: Years	Months	Days	If less than one day
53	4	29	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name Bernard Ference
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 12 (day) 43 (year)
(c) Cemetery or crematory Holy Cross
Location German Hill Rd.

18 (a) Funeral director M. W. K. Dippel & Sons
(b) Address Broadway & Ann Sts.

19 MAY 10 1943 (Date rec'd by registrar) (Signature) for Nicholas, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 9 1943 and that I last saw h alive on May 9 1943

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions hypertensive C-V disease & mitral failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Hampton Jr. M. D.
Address J H Hunterian for Nicholas M.D. Date signed 5-9-43

04162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04162 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John st.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 56yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Annapolis Road
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Miss Bertha Virginia Muhl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1886.

8. AGE: Years	Months	Days	If less than one day
56	10	17	hr. min.

9. Birthplace Westport, Maryland.
(Town, county and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name William A Muhl
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Florence C Hadel
15. Birthplace Balto Md.

16 (a) Informant Mary E Robinson
(b) Address 2029 Annapolis Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1600 W. North Ave.

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 6:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 7 1943, and that I last saw her alive on May 7 1943.

Immediate cause of death	Duration
Bronchopneumonia, extensive bilateral.	3 days
Due to	
Due to	
Other Conditions Diabetes mellitus with diabetic acidosis. (Include pregnancy within 3 months of death)	6yrs. (3 days)

Date of operation —

Major findings of operations —

of autopsy: Bronchopneumonia.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellman M. D.
Address 1404 Park Ave. Date signed 5/7/43.

4163 JL - 80643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04163 Registered No.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 41
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 E. Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda Coudy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1865

8. AGE: Years	Months	Days	If less than one day
77 ?	9	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Valentine Van Der Linden
13. Birthplace Germany
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 11-43 (month) (day) (year)
(c) Cemetery or crematory Westwood Balto Md
Location

18 (a) Funeral director Bernard C. Hoke
(b) Address 121 E. Fayette St

MAY 10 1943 (Date rec'd by registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-43 19 30, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1943 to 5-8 1943, and that I last saw him alive on 5-8 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 Days
Due to Arterio sclerotic heart disease - cardiac	?
Due to Influenza	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M. D.
Address B.C.H. Date signed 5-9-43

VS 150

Gen 04164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943a

Registered No. G 04164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Sherwood Ave
(c) Hospital or institution: 11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William George Kreiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name George Kreiner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Atz
15. Birthplace Baltimore

16 (a) Informant Mrs Elizabeth Kreiner
(b) Address 600 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 1530 E 32nd St.

19 MAY 10 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 20

20. DATE OF DEATH May 7 1943, at 8 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to marked coronary arteriosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed May 8 1943

VS 151

04165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

G 04165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Anna Gittings

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 3, 1863

8. AGE: Years 80 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard James Gittings
13. Birthplace Md

MOTHER
14. Maiden Name Victoria Sellman
15. Birthplace Md

16 (a) Informant Patient
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Green Mount
Location Balto Md

18 (a) Funeral director Henry F. Jenkins Sons Co.
(b) Address McCulloh & Richmond Sts.

19 (d) MAY 10 1943 (Date rec'd by registrar) Hunting Town, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19, 1943, to May 9, 1943, and that I last saw her alive on May 8 1943.

Immediate cause of death: Cardiac Collapse — Duration —
Due to age 80; and
Due to surgically treated fracture of hip, left — MAR 26 — 56 wks
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 26, 1943 M
(c) Where did injury occur? at home Anne Arundel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury slipped and fell to floor
23. Signature Frank W. Gittings M. D.
Address Woman's Hospital Date signed 5th May 43

VS 3

N. J. Wallenweber MD Assistant Coroner

G 04166

MJ- 81068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. G 04166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 S. Clinton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence (Deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isaac Knight (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Miller (D)
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11-43 (month) (day) (year)
(c) Cemetery or crematory Evergreen M.E.
Location Locust Md.

18 (a) Funeral director John. G. Hudson
(b) Address 3000 E. Balto St. Hunter's for Williams, M.D.

MAY 10 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1943 at 4 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30-1943 to 5-8-1943 and that I last saw h alive on 5-8-1943

Immediate cause of death: Pneumonia (R.L. Base) — Duration 3 days
Due to fistula of urinary bladder — 3 mo
Due to Severe cystitis — 3 mo
Other Conditions generalized arteriosclerosis — yrs
(Include pregnancy within 3 months of death)
Date of operation 3-30-43
Major findings of operation: benign prostatic hypertrophy
of autopsy: not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schneider, M. D.
Address Balto City Hosp Date signed 5-8-43

04167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1398 Registered No. G 04167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 67 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELENA ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1928

8. AGE: Years	Months	Days	If less than one day
14	9	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name John Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Purvis
15. Birthplace Md.

16 (a) Informant Annie Denny
(b) Address 237 Douglas Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A.A. County Md

18 (a) Funeral director Mrs R. O. Ellis & Dgs
29 N. Carolina St

MAY 10 1943
19 (a) (Date rec'd by registrar) (Hunter Jon Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 1 15 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Peritonitis, acute suppurative

Due to Endometritis, acute suppurative

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-7-43

VS 181

G 04168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 S East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1/2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arcanias Carnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Mar 28 [illegible]

8. AGE: Years 71 | Months 1 | Days 1110 | If less than one day hr. min.

9. Birthplace Md (City, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER
12. Name Joseph Carnes
13. Birthplace Md

MOTHER
14. Maiden Name Dora Knox
15. Birthplace Md

16 (a) Informant Grace Cunningham
(b) Address 520 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 (month) (day) (year)
(c) Cemetery or crematory Pulaski Cem
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Preston St

MAY 10 1943 (Date Received by Registrar) (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 8:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943, to May 8 1943, and that I last saw him alive on May 7 1943.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Fractured Arteries - Sclerosis	5 years
Due to	
Other Conditions: Acute Bronchitis	22 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson F. Rullman M.D.
Address 6 E Biddle St Date signed 5/9/43

VS 180

(OVER.)

Photographing important. Physicians: please write the causes of death clearly and legibly.

G 04169
433912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G 04169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Glen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry W Herche
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Esther
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) 7-27-94

8. AGE: Years	Months	Days	If less than one day
48	9	11	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Henry W Herche
13. Birthplace Md

MOTHER
14. Maiden Name Mary Agnes ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Cellini Funeral Home
(b) Address 2104-B. Orleans St.

19 MAY 10 1943 Huntington Williams M.D.
(Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943 at 12:56 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1943 to May 8 1943 and that I last saw him alive on May 8 1943.

Immediate cause of death Cardiac Failure — Duration
Due to Arteriosclerotic Heart Disease
Due to Ventricular Tachycardia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: Aneurysm left ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H C Duncan Jr
Address JHH Date signed 5-8-43 (M. D.)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04170 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2646 N. Charles St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 N. Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Agnes R. Codd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1871

8. AGE: Years 71 Yrs. | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Simon Codd
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Reher
15. Birthplace Baltimore Md.

16 (a) Informant William A Codd
(b) Address 108 E. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) 805 N. Calvert Street

19 MAY 10 1943 (Date rec'd by registrar) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to May 9 1943. and that I last saw her alive on May 9 1943

Immediate cause of death	Duration
Acute circulatory failure	
Due to Peripheral circulatory collapse	
Due to Congestive heart failure	
Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Finn Berry M.D.
Address Mercy Hospital Date signed May 9, 1943

VS 150

G 04171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04171
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S.Luzerne Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Rock Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C.Seyter

3 (b) If veteran, name war

3 (c) Social Security Account No. x None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct.23,1879

8. AGE: Years	Months	Days	If less than one day
63	6	14 15	hr. min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation Lunchroom & Cabins
11. Industry or business (Self)

FATHER
12. Name Chas.A.Seyter
13. Birthplace Germany

MOTHER
14. Maiden Name Anna C.Hachtel
15. Birthplace Balto.Md.

16 (a) Informant Mrs.Elizabeth Primrose
(b) Address 519 S.Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto.Md.

18 (a) Funeral director Philip Henry Lord
(b) Address 2024 Orleans St.

19 MAY 10 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th.1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to May 8 1943 and that I last saw h[illegible] alive on May 7 1943.

Immediate cause of death Hypertensive Cardio Vascular Disease
Arteriosclerosis

	Duration
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Andrew Steinmetz M.D.
Address 757 9 Eastern Ave. Date signed 5/9/43

VS 3

G 04172 (Prior) 81078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 04172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month & 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County 6
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6533 Purnell Ave
Parnell (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Cantrell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Seperated

6 (b) Name of husband or wife Elizabeth ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9th, 1880

8. AGE: Years	Months	Days	If less than one day
63	1	27	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business

FATHER
12. Name Nikendro
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (month) (day) (year)
(c) Cemetery or crematory Bachmans
Location 5500 Cardiff Ave.

18 (a) Funeral director John J. Connelly
(b) Address 418 Eastern Ave - Essex
MAY 10 1943 (b)
Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1943, at 12 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1943 to 5-6 1943, and that I last saw him alive on 5-6 1943.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Carcinoma of stomach
Due to Arteriosclerotic Heart disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4-29-43
Major findings of operation: Ca of stomach
Gastro-enterostomy done
of biopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Henry Haas
Address Bayview City Hosp. Date signed 5/10/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04173 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N. WASHINGTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. WASHINGTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH HAUPT

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-01-3394

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ANNA HAUPT

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): APR. 1 1873

8. AGE: Years: 70 Months: 1 Days: 7 8 If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)

10. Usual Occupation: LABORER

11. Industry or business: LEAGUE LUMBER CO.

FATHER
12. Name: UNKNOWN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: MRS. WM. C. UHLER (DAUGHTER)
(b) Address: 621 N. WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 11/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Zeiler INC
(b) Address: 403 S. WOLFE ST.

AY 10 1943 (b) (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 8 1943 at 5/45 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 8 1943, and that I last saw him alive on May 8 1943.

Immediate cause of death: Acute Bronchopneumonia
Acute Cardio-Vascular Abroad
Duration: 2 days 6 hrs.

Due to: Primary

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard Stemple M. D.
Address: 2001 E. Baltimore Date signed: 5/9/43

VS 8

G 04174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 NORTORNIA ROAD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 NORTORNIA-ROAD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Spencer (SPURRIER)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10th 1872

8. AGE: Years 70 | Months 7 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Edward Spencer
13. Birthplace Md

MOTHER
14. Maiden Name Worthington
15. Birthplace Md

16 (a) Informant Henry A Burgee
(b) Address 3709 Nortornia Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County Md

18 (a) Funeral director E. B. WIPPERT & SON
(b) Address 300 Eutaw St. Baltimore, Md.

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943, to May 9, 1943, and that I last saw him alive on May 9, 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 4 days
Due to Arteriosclerotic Cardiovascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel O Wolfe
Address 1371 E. North Ave Date signed 5-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 186

04175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

G 04175 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 301 East 27th St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 307 E. 27th St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Rae Riley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Florence M. Riley

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 22, 1867

8. AGE: Years 75 | Months 6 | Days 14 | If less than one day hr. 13 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation (Retired)

11. Industry or business

FATHER 12. Name Luther C. Riley

13. Birthplace Bells County, Texas

MOTHER 14. Maiden Name Mary Jane Duncan

15. Birthplace Bells County, Texas

16 (a) Informant Florence M. Riley

(b) Address 307 E. 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 '43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md

18 (a) Funeral director F. B. Wippert & Son

(b) Address 308 Eastern Ave

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th, 1943, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1920 to May 8 1943 and that I last saw it alive on May 7 1943.

Immediate cause of death Myocardiotis

Due to Endocarditis

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: 8 yrs. / 4 yrs. / 10 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert M. Foster M.D.

Address 282 St. Paul St Date signed May 9-43.

Coroner

G 04176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Seidenstricker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-3447

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: May M. Coniff

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Aug 14, 1865

8. AGE: Years: 77 | Months: 8 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Fireman

11. Industry or business: Copper Works

FATHER
12. Name: Wm Seidenstricker
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Litzinger
15. Birthplace: Baltimore, Md

16 (a) Informant: Mrs May Seidenstricker
(b) Address: 1217 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/10/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: E. End of North Ave

18 (a) Funeral director: John J. Conway & Son
(b) Address: 901 Hollins St.

19 (a) Hunter for Williams, M.D. (By registrar) Registrar

MAY 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1943, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1942 to May 8 1943, and that I last saw him alive on May 7 1943.

Immediate cause of death: Broncho pneumonia — Duration: 5 yrs

Due to Hypertensive Cardio vascular disease — 10 days

Due to Pseudo rectal abcess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. Karl Grossman M. D.
Address: 1212 N. Patterson Pk ave Date signed: 5/10/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04177
#33482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04177 / X 74a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Millington
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Schelts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-5-38

8. AGE: Years	Months	Days	If less than one day
4	6	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Goldey Schelts
13. Birthplace Md.

MOTHER
14. Maiden Name Pearl Stankey
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (b) Date thereof May 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Millington Cemetery
Location Millington Md

18 (a) Funeral director Edward L. Pellegrini
(b) Address Millington Md
(Date rec'd by Registrar) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2d 1943 to May 10 1943 and that I last saw him alive on May 10 1943

Immediate cause of death: Leukemia
Due to: with acute tonsillitis
Due to: collapse
Other Conditions: Syphilis
Syphilis to Cerebral
(Include pregnancy within 3 months of death)

Duration: 4 mos 8 ds

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius G. Fregis
Address Johns Hopkins Hosp. Date signed 5-12-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2

Schleicher

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

7/186a

Registered No. C 04178

~~C~~ 04178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore, Md
(b) Street address
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1246 Stevens St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Schleicher

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 216-20-7853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23 1886

8. AGE: Years	Months	Days	If less than one day
56 53	7	8 17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation tube Setter
11. Industry or business

FATHER
12. Name Franz Schleicher
13. Birthplace Germany

MOTHER
14. Maiden Name Sekla Lang
15. Birthplace Germany.

16 (a) Informant Sister Mrs. Cass. Owens
(b) Address 1246 Stevens St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 '43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cem.
Location Baltimore - Md
18 (a) Funeral director John R. Veasey
(b) Address 1312 Leeds Avenue
19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATION RO

20. DATE OF DEATH May 8 1943, at 5 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 8 1943 at 5 A M.
(b) Where did injury occur? 1246 Stevens St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Fell down stairs

23. Signature Robert Le Fraham M.D.
Medical Examiner.
Date signed May 8 1943

VS 181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MIKA

04179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 460

Registered No. C 04179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 S. Patonmac St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Y
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 S. Patonmac St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antonina Mika

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Mika
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant
(b) Address 636 S. Patonmac Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 48 S. Chester Street

19 MAY 10 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to May 7 1943, and that I last saw h[illegible] alive on May 7 1943.

Immediate cause of death	Duration
Hypostatic Pneumonia	5/5/43
Due to Carcinoma of Stomach	6/42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Grauer for Katherine R. Stolz M.D.
Address Date signed 5/10/43

VS 150

G 04180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 04180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 241 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Swiston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-1885

8. AGE: Years	Months	Days	If less than one day
57	9	24	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Frank Swiston
13. Birthplace Poland

MOTHER
14. Maiden Name Mary
15. Birthplace Poland

16 (a) Informant Veronica Swiston
(b) Address 241 S. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Ted W. Ozarowski
(b) Address 1930 Eastern Ave

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 19 43 at 2 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 19 43 to 5-9 19 43 and that I last saw h[illegible] alive on 5/9 19 43.

Immediate cause of death Circulatory Collapse — Duration 2 Days
Due to Post Operative
Due to Carcinoma, Gastric
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation 5-8-43
Major findings of operation: Gastric Carcinoma
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Christhelf, Jr.
Address Church Home & Infirmary Date signed 5/9/43

VS 189

G 04181

JL - 81300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04181

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1923 Bank St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Auguste Ambrozewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1890

8. AGE: Years	Months	Days	If less than one day
53 52	2	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name William Majerowitz

13. Birthplace Germany

MOTHER

14. Maiden Name Josephine Radowska

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Baltimore

18 (a) Funeral director Fred W. Ozarowski

(b) Address 1930 Eastern Ave.

19 (a) [illegible] (year) Huntington Wallingford Hospital

(b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-43 19 , at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1943 to 5-8 1943 and that I last saw h[illegible] alive on 5-8 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 5 Days

Due to: Hypertensive cardio vascular disease — Duration ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. S. Cass M. D.

Address B. C. H. Date signed 5-9-43

correct age is especially important. Physicians: please write the number of years in each space.

182

G 04182

AB-81023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1160c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Days

74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 N Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Parrott

3 (b) If veteran, name war .
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17-1943

8. AGE: Years	Months	Days	If less than one day
✓	✓	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Karlingen Tillman
13. Birthplace ?

MOTHER
14. Maiden Name Audrey Parrott
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 10 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 10 1943 Washington Nitikman, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943 at 7 30/ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to April 25 1943 and that I last saw h[illegible] alive on April 25th 1943.

Immediate cause of death	Duration
Anoxemia (cerebral)	
Due to Birth injury	9 days
Due to	
Other Conditions Unrelated	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Balto. City Hosp Date signed 4-27-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

G 04183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Rowlandsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Donald Ewing Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1941

8. AGE: Years	Months	Days	If less than one day
1	9	10	hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James D. Ewing
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Durgin
15. Birthplace Maryland

16 (a) Informant James D. Ewing
(b) Address Rowlandsville Md.

17 (a) Burial (cremation or removal) (b) Date thereof May 13 1943 (month) (day) (year)
(c) Cemetery or crematory Harmony Chapel
Location Rowlandsville Md.

18 (a) Funeral director E. Tyson
(b) Address Rising Sun Md.

19 (a) (Date rec'd by registrar) Hampton Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943, to May 10 1943, and that I last saw her alive on May 10 1943.

Immediate cause of death: Cyanosis - respiratory failure — Duration 1 day

Due to Edema of larynx

Due to Aspiration of foreign body

Other Conditions Pneumothorax, right

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Peanut in throat

23. Signature George W. Youngblood M. D.
Address 332 E. University Pkwy. Date signed 5/10/43

If birth certificate is incorrect age is especially important. Physicians: please write the cause of death clearly and legibly.

4184

G 04184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2813 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie B. Roddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James B. Roddy

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept - 25 - 1880

8. AGE: Years 62 | Months 8 | Days 12 | If less than one day: Hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant James B. Roddy
(b) Address 2813 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 11 - 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road - Baltimore

18 (a) Funeral director John C. Neilly Inc
(b) 2400 E. Monument St

19 (a) MAY 10 1943 (Date rec'd by registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 9 - 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 4 - 43 to 5 - 9 - 43; and that I last saw h[illegible] alive on 5 - 9 - 43

Immediate cause of death: Lobar Pneumonia — Duration: 1 wk

Due to: Coronary Sclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred Quigley M. D.
Address 600 N. Wolfe St Date signed 5 - 10 - 43

Please write clearly — correct age is especially important. Physicians: please write the cause of death clearly and legibly.

04185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 04185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert
(c) Hospital or institution: Union Memorial Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Elsinore Ave, Bty
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Clara Smith Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1900

8. AGE: Years	Months	Days	If less than one day
42	9	27	hr. min.

9. Birthplace Delaware (Wilmington)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mr J Kerr Davis (D)
13. Birthplace Scotland (Glasgow)

MOTHER
14. Maiden Name Henrietta Smith (D)
15. Birthplace England (Atlantic Ocean)

16 (a) Informant Mr J Kerr Davis
(b) Address 2103 Elsinore Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Fickenscher & Sons
(b) Address Balto Md

19 MAY 10 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1943. at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943. to May 10 1943.
and that I last saw h.er alive on May 10 1943.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Peritonitis & toxemia	1 wk
Due to Carcinoma of stomach (ruptured)	months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-5-43
Major findings of operation: Carcinoma of stomach & perforation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur McC. Finney M. D.
Address Union Memorial Hosp. Date signed 5-10-43

I certify that the above is a true and correct statement of the facts relative to the death of the person named herein, as far as known to me. Physicians: please write the causes of death clearly and legibly. Accuracy and correct age is especially important.

G 04186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 04186 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 E 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 Ellsworth st (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph F. Hajek

3 (b) If veteran, name war — (c) Social Security Account No. 217-01-3419

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1910

8. AGE: Years	Months	Days	If less than one day
32	11	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boiler Worker Helper
11. Industry or business Copper Works

FATHER
12. Name Frank Hajek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Kaas
15. Birthplace Baltimore

16 (a) Informant Mary Hajek
(b) Address 2034 Ellsworth st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Thomas Enoch & Son
(b) Address 900 N. Chester st

19 (a) MAY 10 1943 (Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1943 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1943 to 5/7 1943 and that I last saw him alive on 5/7 1943.

Immediate cause of death: Acute Nephritis
Uremic Coma — Duration: 2 days

Due to

Due to

Other Conditions: Secondary Anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Kroll
Address 100 E. 23rd St. Date signed 5/7/43 M. D.

04187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. 04187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Patapsco Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. FULL NAME James KENNETH MIMMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-09-266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband ~~or wife~~ Emily Mimms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1910

8. AGE: Years	Months	Days	If less than one day
33	0	17	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Bethlehem-Fairfield Co

FATHER 12. Name James Duncan Mimms

13. Birthplace S.C.

MOTHER 14. Maiden Name Hattie Farrell

15. Birthplace S.C.

16 (a) Informant Emily Mimms

(b) Address P.O. Box 2307 Hickory N.C.

17 (a) Removal (b) Date thereof 5/10/43 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Hickory City
Location North Carolina

18 (a) Funeral director William Cook Inc
1217 St. Paul St

MAY 10 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MAY 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 5:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9-43 at 4.45 P.M. 25/6
(b) Where did injury occur? Bethlehem Fairfield
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? Yes
(d) Means of injury fall from high place

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 5-10-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 ✓ Registered No. G 04188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FLOYD JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 10 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) MAY 10 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 7P. M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of 3rd cervical vertebra	
Due to	
Due to	
Other Conditions 40	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-11-43 at M
(c) Where did injury occur? Home Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fall down stairs of home
23. Signature W. S. Wallace Jr. M.D. Asst. Medical Examiner.
Date signed 4-27-43

VS 6

1078

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G 04189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jewish Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Pearl T. Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7th 1883

8. AGE: Years	Months	Days	If less than one day
59	9	2	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Power Co

FATHER
12. Name Bert Hart
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Pearl T. Hart
(b) Address 3009 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director Wolliver Cook Inc
(b) Address 1217 St. Paul St

19 (a) Filed (Signature of local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26, 1943, to May 9 1943, and that I last saw h[illegible] alive on May 9, 1943.

Immediate cause of death	Duration
Cardio-Vascular collapse	
Due to Carcinoma Recto - Fairmount	
Due to Metastasis to liver	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Ca of Recto - removed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Lowtz M. D.
Address Jewish Hospital Date signed 5/10/43

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 04190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 W. Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 W. Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza A. Roebuck

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife John Roebuck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56	—	—	hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Caulbert Gross
13. Birthplace Cal. Co. Md

MOTHER
14. Maiden Name Elizabeth Key
15. Birthplace Calvert Co Md

16 (a) Informant Audrey Owings
(b) Address 417 W. Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-43 (month) (day) (year)
(c) Cemetery or crematory Brooks Chapel
Location Cal. Co. Md

18 (a) Funeral director James Costanzo
Address 142 Post St

MAY 11 1943

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 9.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jul 15 1940, to May 9 1943, and that I last saw h alive on May 9 1943.

Immediate cause of death Carcinoma of Rectum — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Wachter M. D.
Address 861 Hollins Date signed May 12 1943

VS 150

G 04131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

552

✓ G 04131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S. Oldham St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S.Oldham St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME LOUIS FICKUS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 213-07-1254

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Orpha Acres
6 (c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.) Jan.26.1884
8. AGE: Years 59 | Months 3 | Days 12 | If less than one day: hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Tinner
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Charles Fickus
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Schierer
15. Birthplace Germany

16 (a) Informant Mrs.Orpha Fickus (Wife)
(b) Address 314 S.Oldham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13.1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave.& Broadway.

19 (a) [illegible] (b) [illegible] Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May.8.1943 at 12.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8, 1943, to May 8 1943, and that I last saw h im alive on May 8, 1943.

Immediate cause of death: Carcinoma (Metastatic) — Duration: 6 months
Due to: Ca
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philibert Antignac M.D.
Address 2942 E. Fayette St. Date signed 5/10/43

G 04192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

G 04192 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1437 N. Patterson Pk. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-4
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 N. Patterson Pk. Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN MERRICK

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 216-10-4017

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Daisy Merrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1876

8. AGE: Years 66 | Months 6 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John Merrick
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Daisy Cochran
15. Birthplace Dorchester Co., Md.

16 (a) Informant Mr. Henry Pragel
(b) Address 4009 Eierman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) ... (Date rec'd by registrar) (b) ... Washington, D.C.

MAY 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943. 12.35AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-43 to 5-8-43 and that I last saw him alive on 5-7-43.

Immediate cause of death
Due to Uremia
Due to Hypertension
Due to Arterial Sclerosis
Other Conditions

Duration 4 Days
1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Fred Bayley M.D.
Address 600 N Patterson Pk Ave Date signed 5-10-43

G 04193 AB- 79384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G 04193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Weber

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9-1878

8. AGE: Years	Months	Days	If less than one day
64	9	23	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name William Weber
13. Birthplace Penn.

MOTHER 14. Maiden Name Anna Shoemaker
15. Birthplace Penn.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 10 1943 (Date rec'd by Registrar) [signature] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1943, at 4.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1943 to 5-2 1943, and that I last saw h[illegible] alive on 5-2 1943.

Immediate cause of death
Carcinoma 2 lung
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Not done

Duration
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Ratchum, M. D.
Address Balto. City Hosp Date signed 6-2-43

F 0071

G 04194

BALTIMORE CITY HEALTH DEPARTMENT

MJ-81070 **CERTIFICATE OF DEATH** 107

Registered No. G 04194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Drennon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1862

8. AGE: Years	Months	Days	If less than one day
80	4 6	11	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name James Drennon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Joner
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 10 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 10 1943 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1943 at 2 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1943 to 5-3 1943, and that I last saw h[illegible] alive on 5-3 1943.

Immediate cause of death	Duration
Bronchopneumonia	?
Uremia	?
Due to	
Due to	
Other Conditions Senility	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 5-4-43

VS 150

0072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 04195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G 04195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 E. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mulcahy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL MAY 10 1943
Commissioner of Health

18 (a) Funeral director

(b) Address

19 MAY 10 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 2 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Gratacap M.D. Medical Examiner.
Date signed April 25 1943.

VS 6

F0074

G 04196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. Josephs St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES ELZEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 10 1943 (Date rec'd by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1943, at 6 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. T. Wallenmeier M.D.
Medical Examiner.
Date signed 4-28-43

F6073

G 04197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 04197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Thompson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David LeBoard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-9300

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Sage Le Board
13. Birthplace S. C.

MOTHER
14. Maiden Name Georgiana Griffin
15. Birthplace S. C.

16 (a) Informant Edward Holmes
(b) Address 726 N. Eutaw St.

17 (a) Burial (b) Date thereof 5-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 MAY 11 1943
(Date received by registrar)

Thurston for William [illegible] M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1943, at 4:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereof and from the evidence obtained by (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04198
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1850 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1850 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donala G. Lopez

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1943

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Donala C. Lopez
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ann D. Remeikie
15. Birthplace Baltimore, Md.

16 (a) Informant Donala C. Lopez
(b) Address 1850 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) / 11 (day) / 43 (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 MAY 11 1943 (Date received by registrar) Hunter for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 19 43 to May 10 19 43 and that I last saw him alive on May 10 19 43.

Immediate cause of death	Duration
PREMATURITY	2 hours
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Mclain M.D.
Address 6870 Johnnycake Rd. Date signed 5-10-43 M. D.

VS 150

G 04199 X ✓G 04199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 938

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6720 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-10-22
(e) Length of stay in Baltimore (yrs., mos., or days) 5-10-22

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County .....
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Summer Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country .....

3 (a) FULL NAME Geo. Joseph R. O'Brien

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1875

8. AGE: Years	Months	Days	If less than one day
68	3	11	hr. ..... min.

9. Birthplace Philadelphia, Penna (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name John O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Penna
15. Birthplace Manchester, England

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (month) (day) (year)
(c) Cemetery or crematory ?
Location Phila-Pa.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (M. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) MAY 11 1943 (Date filed by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1937, to May 10 1943, and that I last saw him alive on May 10 1943.

Immediate cause of death	Duration
(a) Arteriosclerosis - marked	6 yrs.
Due to (b) Acute cardiac arrest - collapse	2 days
Due to (c)	
Other Conditions Acute Psychosis	6 yrs.

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Damian P. Maya M. D.
Address 3326 Parkwood Ave Date signed

G 04200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04200 Registered No.

1516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA MAY MICHAEL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/30/1870

8. AGE: Years: 72 | Months: 6 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Frederick, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Benjamin S. Dixon
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden Name: Amanda Thomas
15. Birthplace: Frederick, Md.

16 (a) Informant: Mrs. Cyril Markley
(b) Address: 1720 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: Balto., Md.

19 (a) (Date received by Registrar) (b)

MAY 11 1943

Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1943 . at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1943 to May 9 1943 and that I last saw h alive on May 9 1943 .

Immediate cause of death: Chronic cardio vascular disease

Due to

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ernest W. Kalm
Address: 1735 Poplar St
Date signed: 5/11/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04201 MJ-80585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B G 04201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 13 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1743 Ashland Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lot Brown (Lott Btown)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucille Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1?

8. AGE: Years	Months	Days	If less than one day
55	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Junk Dealer

11. Industry or business

FATHER 12. Name John Brown

13. Birthplace Virginia

MOTHER 14. Maiden Name Patsy Brown

15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/43. (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Grimes

(b) Address 804 E. Carlisle St.

19 (a) (b)

(Signature of local registrar)

MAY 11 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1943. at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943 to 5-9 1943. and that I last saw him alive on 5-9 1943.

Immediate cause of death Bilateral Lobar Pneumonia

Duration ? 2 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Work

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. K. Rachtman M. D.

Address Balto. City Hosp. Date signed 5-10-43

G 04202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1640

French Seaman

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: S.S. Jamaique
(a) ~~White~~ (b) County French Line
(c) City or town R.C. Herd & Co. local
(If outside city or town limits, write RURAL and give town)
(d) Street No. Agents, Pier 4, Locust Point
(If rural give location)
(e) Citizen of foreign country? (Yes ~~or No~~)
If yes, name country

3 (a) FULL NAME Joseph Festa

3 (b) If veteran, name war W
3 (c) Social Security Account No. NOLF

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr) 5-[illegible]05

8. AGE: Years 38 | Months 0 | Days 7 | If less than one day: hr ____ min ____

9. Birthplace Marseille France
(Town, county, and state)

10. Usual Occupation Ship Baker
11. Industry or business French Line Line,

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Ship Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md
18 (a) Funeral director Wm Cook Inc
(b) Address 1217 E. Fayette St

19 [illegible] 1943 (b) [illegible]
(Signature of registrar) Registrar
Hunter for Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-1943, at 11 34 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/9/43 at 10 A M.
(b) Where did injury occur? Off - Pier 4, Locust Point
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Jumped overboard

23. Signature Howard J. Weedon M.D.
Medical Examiner.
Date signed 5/9/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/20

G 04203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cathedral & Madison Sts.

(c) Hospital or institution: Knights of Columbus Club

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Cathedral & Madison Sts (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Timothy V. Snee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lou Snee

6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Jan. 1. 1871

8. AGE: Years: 72 | Months: 4 | Days: 8 | If less than one day: hr. min

9. Birthplace: Germantown, Pa. (city, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER 12. Name: Michael Snee

13. Birthplace: Ireland

MOTHER 14. Maiden Name: Mont Knox

15. Birthplace: Ireland

16 (a) Informant: John Snee

(b) Address: 36 Elberon Ave Atlantic City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12-43 (month) (day) (year)

(c) Cemetery or crematory: Cathedral

Location: Balto. Md.

18 (a) Funeral director: Filyaw & Fleming

(b) Address: 1426 Light St. Baltimore, Md.

19 (a) MAY 11 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Tuesday 5/9 1943, at 4 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1943 to 5/9 1943, and that I last saw him alive on 5/9 1943

Immediate cause of death: acute Cardiac dilatation + Pulmonary Oedema

Due to: Coronal Arteriosclerosis Hypertension

Due to: Cardiac hypertrophy + Chronic nephritis ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

Duration: 2½ hrs. & 5 yrs.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: John F Ahern M.D.

Address: 804 Cathedral St. Date signed: 5/10/43

G 04204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04204 Registered No. 121

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holabird Ordnance Depot
(c) Hospital or institution: Station Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) -- --

2. USUAL RESIDENCE OF DECEASED:
(a) State Minn. (b) County --
(c) City or town Veranedale (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. # 3 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3 (a) FULL NAME Lloyd G. Polaschek

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) August 2, 1922

8. AGE: Years	Months	Days	If less than one day
20	9	8	-- hr. -- min.

9. Birthplace Preston, Minn. (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business U. S. Army

FATHER
12. Name Peter J. Polaschek
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant U. S. Army Records (substituted
(b) Address Holabird Ordnance Depot, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (month) (day) (year)
(c) Cemetery or crematory Veranedale Minnesota

18 (a) Funeral director Walter Brooks Bradley Inc
(b) Address 19 W 21st. North ave

19 (a) [illegible] (b) [illegible] MAY 11 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1943, 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 24, 1943, to May 10, 1943, and that I last saw him alive on May 10 1943.

Immediate cause of death Peritonitis, acute, diffuse, severe, cause appendiceal abscess. — Duration

Due to Abscess, acute, appendiceal, cause undetermined.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1. 4/25/43 2. 5/10/43

Major findings of operation: 1. Appendiceal abscess. 2. Generalized peritonitis

Findings of autopsy: Generalized peritonitis.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signed Station Hospital H. L. Riva M. D.
Address Holabird Ordnance Depot, Dalto., Md. signed 5-10-43

G 04205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

G 04205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1016 N. Stricker St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1016 N. Stricker (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3 (a) FULL NAME Celia Griffin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William Spicer Griffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	12	12 hr. min.

9. Birthplace Richmond Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER

12. Name Harry Yerby

13. Birthplace Va.

MOTHER

14. Maiden Name Frances Ball

15. Birthplace Va

16 (a) Informant William Spicer Griffin

(b) Address 1016 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cemetery

Location Dowingtown, Va.

18 (a) Funeral director John M. Johnson

(b) Address 1700 Druid Hill Ave.

19 (a) — (b) — (Signature of registrar)

MAY 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 8:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5- 1943, to 5-8- 1943, and that I last saw him alive on 5-8 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Hypertension & arterio-sclerosis	unknown
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Hary A. Saunders M. D.

Address 1029 N. Stricker St Date signed 5-8-43

G 04206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04206
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 South View Rd.
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Ensor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME W. Wilbur Muller

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	219-16-9029	Male	White	Married

6 (b) Name of husband or wife Anne A. Muller (nee Hynes) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Bendix Co.

FATHER
12. Name Thomas J. Muller
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Dunn
15. Birthplace Baltimore Md

16 (a) Informant Mrs Anne A. Muller
(b) Address 1310 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Caplinger Sr
(b) Address 946 E. Eager St.

19 MAY 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th, 1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943, to May 9 1943, and that I last saw him alive on May 6 1943.

Immediate cause of death Coronary Thrombosis. — Duration Sudden

Due to Arteriosclerotic Cardiac Disease — Duration ?

Due to Insane

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph D. Blum M. D.
Address 206 E. Preston St Date signed 5/10/43

VS 8

G 04207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

J1207

1936 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Argyle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ebba Mae Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Robert Walters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1901

8. AGE: Years	Months	Days	If less than one day
41	10	28	hr. min.

9. Birthplace Atlantic City, N. J. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Smith
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert Walters
(b) Address 1406 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-43 (month) (day) (year)
(c) Cemetery or crematory Auburn Mem. Park
Location Baltimore Co., Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [redacted] 1943 Huntington Williams M.D.
(b) [redacted]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943, to May 10 1943 and that I last saw h[illegible] alive on May 10 1943

Immediate cause of death Hypertension

Due to (b) [illegible]

Due to

Other Conditions Left Ventricular Failure; Pulmonary congestion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Bamrick M. D.
Address 1406 Argyle Ave Date signed 5-13-43

G 04208 — Registered No.

G 04203 — T.N 80053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months & 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

11-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Dutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Sept

6 (b) Name of husband or wife: Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6th, 1871

8. AGE: Years 72 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace: Washington D.C (Town, county, and state)

10. Usual Occupation: Caretaker

11. Industry or business

FATHER
12. Name: Samuel Bond
13. Birthplace: Washington D.C

MOTHER
14. Maiden Name: Camilla Ward
15. Birthplace: Va.

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. Frances A. Hemsley
(b) Address: 578 W. Biddle St.

19 (a) (Date received by Registrar) MAY 12 1943 Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1943 at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24 1943 to 5-7 1943
and that I last saw him alive on 5-7 1943.

Immediate cause of death: Bronchopneumonia — Duration: 2 wks.

Due to

Due to

Other Conditions: Uncl. arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. K. Rackburn M. D.
Address: Balto City Hosp Date signed 5-7-43

G 01209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G 04209 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 Franklin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 months
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Franklin Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mae L. (D) McGeehan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42 41	-	-	hr. min.

9. Birthplace New York City
(town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Carl Thomas
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Zendar
15. Birthplace Poland

16 (a) Informant Doris M. (D.) McGeehan
(b) Address 4210 Franklin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M. Medford
(b) Address 601 E 162nd Sts

19 (a) MAY 14 1943 (Date received by registrar) (b) Washington Heights, Md. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1943 at 6:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 5/8 1943 and that I last saw h.. alive on 5/8 1943

Immediate cause of death: Squamous Cell Carcinoma of Cervix Uteri with Pelvic metastasis — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Lammer Jr.

Address 5901 York Rd. Date signed 5/10/43

04210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1109

G 04210 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6137 N. Bond
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6137 N. Bond
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elvira Vernon White

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Married

6 (b) Name of husband or wife: Douglas White
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/1/01

8. AGE: Years	Months	Days	If less than one day
41	11	7	hr. 6/7/01 min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Allen
13. Birthplace Va

MOTHER
14. Maiden Name Nancy ?
15. Birthplace Va

16 (a) Informant Douglas White
(b) Address 6137 Bond

17 (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pendleton ave

19 (a) MAY 12 1943 (b) [illegible] for Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/43 19 , at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/43 19 to 5/9/43 19 ,
and that I last saw h— alive on 5/8/43 19 .

Immediate cause of death: Uremia
Duration: Duration Unknown
Due to: Nephritis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 5/12/43

G 04211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Cairo Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Slade

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-16-9485

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-21-1901

8. AGE: Years 41 | Months 9 | Days 14 | If less than one day: hr. min.

9. Birthplace Thomas Co. Boston, Georgia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm Slay
13. Birthplace Boston Ga.

MOTHER
14. Maiden Name Frannie Woods
15. Birthplace Boston, Ga.

16 (a) Informant Willie Slay-Cleveland
(b) Address 2734 Central Ave O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 323 W. Lafayette St

19 (a) MAY 11 1943 (Date received by registrar) Thos. J. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1943 at 3:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 5/6/43

VS 6

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 539 Mc Mechen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Mc Mechen
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Batty

3 (b) If veteran, name war /

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~.
Female	colored	

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1943

8. AGE: Years	Months	Days	If less than one day
-	-	4	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name LeRoy Oscar Batty
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie Mae Allen
15. Birthplace Richmond, Va

16 (a) Informant Mother
(b) Address 539 Mc Mechen St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 11 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 11 1943 (b) [illegible] Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1943, to 5/9 1943, and that I last saw h[illegible] alive on 5/9 1943.

Immediate cause of death	Duration
Congenital Atelectasis	
Due to	
Due to	
Other Conditions Asphyxiation	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Franklin Phillips M. D.
Address 1543 Penna. Ave Date signed 5/10/43

VS 5

F 0076

Please write plainly, with pen. ONE ENTRY ONLY. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

G 04213 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Monument St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Leon Tates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Jan 19, 1943
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	3	21	hr. min.

9. Birthplace Balto. Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lawerence L. Tate
13. Birthplace Md

MOTHER 14. Maiden Name Mildred Stokes
15. Birthplace Md.

16 (a) Informant Ellen Hance
(b) Address 1003 E monument St

17 (a) Buried (b) Date thereof May 13 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Dft.
(b) Address 1129 N. Carlton Street

19 (a) [illegible] to the Williams Mfg

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 12 01 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Status thymico - lymphaticus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Gratz M.D.
Medical Examiner.
Date signed May 11 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B. 04214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. B. 04214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 S. Bouldin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S. Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Zingarelli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Mary Andresini

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20th 1886

8. AGE: Years	Months	Days	If less than one day
56	6	19	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Sparrowspoint

FATHER
12. Name Michael Zingarelli
13. Birthplace Italy

MOTHER
14. Maiden Name Laylola
15. Birthplace Italy

16 (a) Informant Son
(b) Address 218 S. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2816 E. Baltimore St

19 (a) 5/11/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1943, at 10 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943, to May 9, 1943, and that I last saw him alive on May 9, 1943

Immediate cause of death	Duration
Congestive Heart Failure	1 hours
Due to Acute Bronchial Asthma	2 days
Due to Chronic Myocarditis	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philibert Artigani M. D.
Address 2942 E. Fayette St. Date signed 5/10/43

VS 2

G 04215 — Dr Berry — G 04215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Hubbard Ct.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Hubbard Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Quickley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7-1867

8. AGE: Years	Months	Days	If less than one day
55 56	8	-	hr. min.

9. Birthplace Chase Maryland
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Isaac Quickley
13. Birthplace Md

MOTHER
14. Maiden Name Mary Lizzie Williams
15. Birthplace Md

16 (a) Informant John Quickley
(b) Address 731 Sterling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 7 1943. and that I last saw h[illegible] alive on May 7 1943

Immediate cause of death: Pulmonary edema — Duration: 2 Days

Due to: Chr. Myocarditis — 6 mos.

Due to: Chr. nephritis — 9 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorr. L. Berry M. D.
Address 1430 E. Chase Date signed May 10 '43

4348

G 04216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58a

G 04216

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Calvert

(c) City or town Appeal (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melvin Grosa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-40

8. AGE: Years	Months	Days	If less than one day
2	9	-	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Archie Grosa

13. Birthplace Md

MOTHER 14. Maiden Name Hannah Johnson

15. Birthplace Md

16 (a) Informant Rosanna JOHNS HOPKINS HOSPITAL

(b) Address TYLDSON SWITCHON SWROL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (month) (day) (year)

(c) Cemetery or crematory St Johns

Location Calvert Co

18 (a) Funeral director P E Sewell

(b) Address Prince Frederick md

19 (a) Received [illegible] (b)

MAY 14 1943

Registrar

VS 180

Justin to Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 5 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 10 1943 and that I last saw her alive on May 10 1943.

Immediate cause of death Myocardial Failure — Duration 2 days ?

Due to Rheumatic Pancarditis — 6 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: Verrucous endocarditis

of autopsy: Fibrinous Pericarditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Demetrius D. Iraggis

Address Johns Hopkins Hosp. Date signed 5-11-43

G 04217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G 04217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marilyn Hefflin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 4 | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

MAY 10 1943 Huntington Williams M.D.
(Date rec'd by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1943, at 10 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Subdural
Hemorrhage of brain

~~Due to~~ Multiple fractures of ribs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 2nd 1943 ? M.
(b) Where did injury occur? 1608 Park Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Blunt force

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 4 1943.

VS 181

F6082

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 N.Milton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 N.Milton Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert T.Turner

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife. Kathryn G.Williamson
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) December 25,1873

8. AGE: Years	Months	Days	If less than one day
69	4	14	##### hrs. ##### mins.

9. Birthplace Petersburg Virginia
(Town, county, and state)
10. Usual Occupation Retired Undertaker
11. Industry or business Own business

FATHER
12. Name Robert Turner
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha A.Southhall
15. Birthplace Kentucky

16 (a) Informant Mrs.Kathryn G.Turner (Wife
(b) Address 1329 N.Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East. North Avenue Balto.Md.

18 (a) Funeral director George E. Roth, Inc.
(b) Address 1735 Harford Avenue

19 (a) MAY 11 1943 (b) Huntington Williams, M.D.
(Filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th, 1943, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 9 1943 and that I last saw him alive on May 8 1943

Immediate cause of death: Prostate Malig.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration: 5 d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Gray M.D.
Address 6444 Harford Ave Date signed 3/10/43

VS 180

G 04219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 04219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 N. Green ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Green St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Goniprawski

3 (b) If veteran, name war V | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailors
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Anthony Goniprawski
(b) Address 112 N. Green ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd

18 (a) Funeral director Joseph Kaczmarczyk
(b) Address 603 E. Washington Blvd

19 (a) [illegible] 1943 Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943, to May 9, 1943, and that I last saw her alive on May 9, 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration [illegible]
Due to
Due to
Other Conditions Myocardial insufficiency 1 day.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Brownstein M. D.
Address 3037 Donnell St Date signed 5-10-43 M. D.

G 04220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 71yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Witherspoon Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Strohmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs J. Henry Strohmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/1871

8. AGE: Years	Months	Days	If less than one day
71	7	5	hr. min.

9. Birthplace Baltimore (Town, county, and State)
10. Usual Occupation Real estate
11. Industry or business

FATHER
12. Name George Strohmeyer (D)
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary K'eil (D)
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address wife & daughter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/43 (month) (day) (year)
(c) Cemetery or crematory Dual Lodge
Location Balto

18 (a) Funeral director Wm. J. Dunn Hearse
(b) Address 2008 Arlington Ave

19 MAY 12 1943 (Registrar) Huntington Hill Registrar M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1943, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943, to May 10 1943, and that I last saw him alive on May 10 1943.

Immediate cause of death Cardio-respiratory failure — Duration: 2 days

Due to Pneumonia (Bronchial) — Duration:

Due to — Duration:

Other Conditions Hemiplegia (Cerebro-Vascular accident) — Duration: 3 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 5/10/43

G 04221

434174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 04221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Raspeberg (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Philadelphia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Schludeberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 7-[illegible]-76

8. AGE: Years	Months	Days	If less than one day
66	10		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Conrad Schludeberg
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Engel
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md
18 (a) Funeral director Wm J Gemmill Son
(b) Address 2008 Orleans St
19 (a) [illegible] (Date received by registrar) 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 3:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 9 1943 and that I last saw h[illegible] alive on May 9 1943.

Immediate cause of death Circulatory Collapse

Due to Traumatic Pneumonia Hemo-Pneumothorax

Due to Fracture Clavicle + 2-11 rib left

Other Conditions Tuberculous Empyema left chest wall

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy: No autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/5/43 at 5 P. M.
(c) Where did injury occur? Raspeberg Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell Down Road

23. Signature Herman B. Hamilton M. D.
Address John Hopkins Hosp Date signed 5/9/43

G 04222

G 04222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117 W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 129 Lloyd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ADAMS JOSEPH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	16	hr. min.

9. Birthplace Baltimore, Baltimore Md (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER
12. Name James Adams
13. Birthplace Balto

MOTHER
14. Maiden Name Ellen Kelly
15. Birthplace Balto

16 (a) Informant John A George
(b) Address 3301 Dellwood Ave

17 (a) Burial (b) Date thereof May 12 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Wm J Tennant Home
(b) [illegible] Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1943 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 5-9 1943 and that I last saw him alive on 5-8 1943

Immediate cause of death Bronchial pneumonia

Due to Lower lobe

Due to Post-operative Complication & Partial Gastrectomy for

Due to General Chronic gastritis

Other Conditions Partial Duodenal obstruction, localized peritonitis

(Include pregnancy within 3 months of death)

Date of operation 5-8-43

Major findings of operations Large Gastric ulcer

of autopsy [illegible]

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl A Dellinger
Address St Josephs Hosp Balto. Md. Date signed 5-9-43

VS 3

G 04223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2537 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Va Langhirt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23-1877

8. AGE: Years 65 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathaniel Cavey
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Ellen McCarthy
15. Birthplace Baltimore Md.

16 (a) Informant Frank C. Langhirt
(b) Address 2537 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Tokyat
(b) Address 210 Frederick Ave.

MAY 12 1943 Registrar

Interment, removal, or cremation authorized by Registrar Hunter for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to May 10 1943, and that I last saw h[illegible] alive on May 9 1943.

Immediate cause of death	Duration
Coronary Embolism	1 day
Due to Arterio Sclerosis	
Due to	
Other Conditions Gues	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Langhirt M.D.
Address 1st Medical Co. Date signed 5/11/43

VS 3

04224 #34367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Calvert (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. Nottingham, Pa. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice D. Racine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 3-14-98

8. AGE: Years	Months	Days	If less than one day
45	1	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name George Racine
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Sprout
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-43 (month) (day) (year)
(c) Cemetery or crematory Rosefield
Location Baltimore Md.
18 (a) Funeral director J. E. Ford
(b) Address Mt. Washington Md.
19 MAY 12 1943 (Date filed by registrar) Huntington Williams, M.D. (Signature of registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 5 P.M. 50

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 11 1943, and that I last saw him alive on May 11 1943.

Immediate cause of death ROCKY MOUNTAIN SPOTTED FEVER — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Hawtin
Address Johns Hopkins Hosp. Date signed 5/11/43

Penalty for making false statements, or for concealing the causes of death, is fine or imprisonment, or both.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

G 04225
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Elwood Sts.
(c) Hospital or institution: Union Memorial Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Bryant Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	212-12-6655	M	Wt.	M

6 (b) Name of husband or wife Edith Mann Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1866

8. AGE: Years	Months	Days	If less than one day
76 76	11	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Wrapper
11. Industry or business Paint

FATHER
12. Name Thomas A. Davis
13. Birthplace Scotland

MOTHER
14. Maiden Name Katherine Rankin
15. Birthplace Scotland

16 (a) Informant Mr. Braith Davis
(b) Address A. A. Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 12 1943 (b) Hunter for Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1943, at 9.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1943, to 5-10 1943, and that I last saw h[illegible] alive on 5-10 1943.

Immediate cause of death: Cardio - Respiratory Failure — Duration: 38 da.
Due to Hypostatic Pneumonia
Due to Adenocarcinoma Rectum
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Douglas Lockard M. D.
Address Johns Hopkins Hosp. Date signed 5/10/43

VS 180

G 04226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04226

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2731 Presbury St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Presbury St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Blackburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 15 1856

8. AGE:

Years	Months	Days	If less than one day
86	11	25	hr. min.

9. Birthplace Blackstone, Mass. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Joshua Blackburn
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Mary Wheeler
15. Birthplace Mass

16 (a) Informant Ella Blackburn
(b) Address 2731 Presbury St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory Providence R.I.
Location

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (b) Registrar for Williams Mfg.

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1943, at 6 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute alcoholism

Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 11 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04227

G 04227

108

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Vine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hardy Boykin
3 (b) If veteran, name war
3 (c) Social Security Account No. 246-14-5665

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Neva Boykin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1891

8. AGE: Years 41 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Wilson N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sanford Bldg Co

FATHER
12. Name Dennis Boykin
13. Birthplace N. C.

MOTHER
14. Maiden Name Gillie Achant
15. Birthplace N. C.

16 (a) Informant Neva Boykin
(b) Address 809 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (a) (Date rec'd by registrar) (b) Registrar Williams, M.D.

MAY 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 4 A M

21. I certify that death occurred on the date above stated, that I attended deceased from May 1 1943 to May 10 1943 and that I last saw h alive on May 9 1943.

Immediate cause of death: Lobar Pneumonia — Duration 10 Da

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Stalcup
Address 1515 Park Ave Date signed 5/11/43 M.D.

G 04228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

G 04228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Pine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace St. Mary's County (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Undertaker
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof May 14 19 4 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Habliston
(b) Address 718 Druid Hill Ave

19 (a) [illegible] for Williams M.D. Registrar
MAY 12 19[illegible]

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1943, at 10:10 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cirrhosis of liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed

G 04229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04229 Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 N. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Camper

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Divorced

6 (b) Name of husband or wife Mary
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-19-74

8. AGE: Years	Months	Days	If less than one day
68	11	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Contractor

FATHER
12. Name William J. Camper
13. Birthplace Md.

MOTHER
14. Maiden Name Marcella Jones
15. Birthplace Md.

16 (a) Informant Dora Thompson
(b) Address 1362 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location Md.

18 (a) Funeral director George T. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAY 12 1943 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9- 1943, at 3:20 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5-4 1943 to 5-9- 1943 and that I last saw h— alive on 5-9- 1943.

Immediate cause of death	Duration
Cardio-Renal-Vascular	2 mos.
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C. Page, M.D.
Address 1516 N. Mosher St Date signed 5-12-43

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

VS 8

Huntington Williams, M.D.

G 04230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04230 ✓ 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1572 W. Lafayette av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1572 W. Lafayette av
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Julia White ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
fem.	col.	Married

6 (b) Name of husband or wife Joseph White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business —

FATHER
12. Name Wm Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Joseph White
(b) Address 1572 W. Lafayette av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director George H. Nelson
(b) Address 1303 Presstman St
19 (a) (Date rec'd by Registrar) MAY 12 1943 Registrar's No. Huntington Ave Cemetery

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to May 6 1943 and that I last saw h er alive on May 6 1943

Immediate cause of death Lobar Pneumonia — Duration 6 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. N. Pigott
Address 1136 W. Lanvale St Date signed 5/11/43

VS 2

G 04231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VIOLA HARTMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Louis W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 - 1895

8. AGE: Years	Months	Days	If less than one day
47	9	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edwin Arthur
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Strugis
15. Birthplace Maryland

16 (a) Informant Louis W. Hartman
(b) Address 2007 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East End of North Ave

18 (a) Funeral director Theodore Cook Inc
(b) Address 317 St Paul St Treas MD

19 (a) MAY 12 1943 Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 43 at 12 30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions Ho

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-10-43

VS 151

G 04232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. G 04232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Windover Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Windover Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Stragel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Christ Merritt Stragel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2nd 1869

8. AGE: Years	Months	Days	If less than one day
73	7	14	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name Gotlieb Stragel
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Elizabeth A. Tirbet
15. Birthplace Balto. Co. Md.

16 (a) Informant Louis E. Stragel
(b) Address 7200 Dunmanway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1247 St. Paul St

19 (a) MAY 12 1943 (Date received by registrar) Registrar for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1943, 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to May 10 1943, and that I last saw him alive on Sep 1942.

Immediate cause of death Coronary thrombosis — Duration 1/2 hr

Due to ✓

Due to ✓

Other Conditions Gastric Ulcer
Mitral Insufficiency
(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas F Blake M. D.
Address 20 E Preston Date signed 5/12/43

VS 189

G 04233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 G 04233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Llewellyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Llewellyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 11, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	29	hr. min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name George Newell
13. Birthplace N. C.

MOTHER
14. Maiden Name Johanna Haggins
15. Birthplace N. C.

16 (a) Informant Viola Rusk
(b) Address 2115 Llewellyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 (month) (day) 1943 (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. G. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott
(b) Address 1129 N. Carolina St.

19 (a) MAY 14 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1943 to 5-10 1943, and that I last saw h alive on 5-10 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Essential Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Brumsden M. D.
Address 834 E. Cary St Date signed 5-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 04234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77C

G 04234

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GUY REEVES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1903

8. AGE: Years	Months	Days	If less than one day
40	1	21	hr. min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Billy Reeves
13. Birthplace S. C.

MOTHER
14. Maiden Name Emma?
15. Birthplace S. C.

16 (a) Informant Lillian Reeves
(b) Address 1029 N. Dallas St.

17 (a) Removal (b) Date thereof May 12/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Hilleton, N. Carolina

18 (a) Funeral director Mrs. R. A. Elliott
(b) Address 1139 N. Carolina St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 10.25 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Alcoholism

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-10-43

G 04235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Myrtle Ave
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME S Birdell Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1936

8. AGE: Years	Months	Days	If less than one day
7			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER
12. Name Hagens Freeman
13. Birthplace Md

MOTHER
14. Maiden Name Augustine Johnson
15. Birthplace Md

16 (a) Informant Martha Johnson
(b) Address 878 Pierd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs. Robert A. Edwards Dft
(b) Address 1129 Pennsylvania Ave Williamsport Md

19 (a) MAY 12 1943 (b) Registered by registrar Burial Permit issued Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 8.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1943, to 5-10 1943, and that I last saw h. alive on 5-10 1943.

Immediate cause of death T. Stenosis — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - fall
(b) Date of occurrence 4-29-43 at 4 P.M.
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell off fence

23. Signature Averill Stowell
Address University Hospital Date signed 5-10-43 M.D.

Robert Lee Graham M.D.

Form 10a

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of causes of death must be complete, correct and specific. The underlying cause of death, or the disease or injury which initiated the train of morbid events leading directly to death, is especially important.

G 04236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 04236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 345 S. Gilmor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Mc Cabe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Gall Geo. Mc Cabe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	7	17		

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm. Paul
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace Scotland

16 (a) Informant Mrs. Grace Staggs
(b) Address 345 S. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mittle
(b) Address 401 Edmondson Ave.

19 (a) (Date r...) MAY 12 1943 Huntington Williams, M.D. (Address)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9. 1943, at 6 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1943 to 5-9 1943 and that I last saw h on alive on 5-4 1943

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to

Due to

Other Conditions generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen, M. D.
Address 206 S. Gilmor St. Date signed 5-11-43

Please write clearly in ink. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Date of operation is especially important.

G 04237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 04237 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Silverman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, divorced.

6 (b) Name of husband or wife: Late Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 85 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Samuel Morris
13. Birthplace Poland

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Alfred Silverman
(b) Address 1612 Moreland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date received by Registrar) MAY 12 1943 (b) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25/1928 to 5/11/1943, and that I last saw him alive on 5-11-1943.

Immediate cause of death: Arteriosclerosis — Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Kerr
Address Towndale Date signed 5/4/43

G 04238

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04238
CERTIFICATE OF DEATH 107 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Roland ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie H. Allen ✓

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Aaron Allen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 5-1870

8. AGE: Years 73 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Springfield Mass. (town, county, and state)

10. Usual Occupation retired

11. Industry or business —

FATHER
12. Name William Humphrey
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Norton
15. Birthplace unknown

16 (a) Informant Louis H. Humphrey
(b) Address Mayfield, N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 43 (month) (day) (year)

(c) Cemetery or crematory Geneva Cemetery
Location Geneva, N.J.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) [illegible] 1943 Hunter for Williams M.D. (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to May 10 1943 and that I last saw alive on May 10 1943.

Immediate cause of death: Bronchial Pneumonia — Duration: 2 days

Due to Arteriosclerosis — 4 years

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Kyser M.D.
Address Westminster, Md. Signed 5-11-43

VS 180

40

G 04239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 04239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor
(b) Street address — at ft. of Wolfe and
(c) Hospital or institution: — Thames St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Mc Henry
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 McCollum Court
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME PAUL MICELI

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband/wife: Josephine

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 6 1863

8. AGE: Years 79 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Cefalu Italy
(Town, county, and state)

10. Usual Occupation: Shoemaker

11. Industry or business

FATHER
12. Name: SALVATORE MICELI
13. Birthplace: Italy

MOTHER
14. Maiden Name: Santa Serio
15. Birthplace: Italy

16 (a) Informant: Joseph J. Miceli (Son)
(b) Address: 859 Hillman Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md.

18 (a) Funeral director: Frank Della Rose
(b) Address: 52 N. [illegible]

[illegible] 1943 (Registrar) [illegible]

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 9.45 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
drowning - probably accidental

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at May 1943 5/13 M.
(b) Where did injury occur? harbor
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? ____
(d) Means of injury drowning

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-10-43

G 04240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95C

G 04240
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3730 Leo St. Wagners Spt
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Wagners Pt. Baltor.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 Leo St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA - KOTERWAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M.

6 (b) Name of husband or wife Leopold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
about 75			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Stanislaw Koterwas
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Leopold Koterwas
(b) Address 3730 Leo St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Berman Hill Rd.

18 (a) Funeral director Wm S. Fuelkonski
(b) Address 2007 Eastern Ave

19 (a) [redacted] (Registrar) Thelma Lee Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943 at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to May 11 1943 and that I last saw her alive on May 11 1943

Immediate cause of death
Pulmonary Edema — Duration 3 days
Due to Cardiac Decompensation — 8 mos
Arterio Sclerosis
Due to
Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon P. Hodca M. D.
Address 4700 Pleasant Ave Date signed 5/13/43

G 04241

434025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04241

Registered No. 9012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County —
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Granby Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Franklin D. Jarvis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-1919

8. AGE: Years	Months	Days	If less than one day old
24	3	24	— hr. — min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business —

FATHER
12. Name C. B. Jarvis
13. Birthplace Va.

MOTHER
14. Maiden Name Emily Hibble
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Norfolk, Va.
Location

18 (a) Funeral director H. H. Meyer and Son
(b) Address 105 N. Calvert St.

19 (a) MAY 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 11 1943 and that I last saw him alive on May 11 1943.

Immediate cause of death Unknown other than "respiratory failure"

Duration 7 hrs.

Due to

Due to

Other Conditions Constrictive pericarditis

(Include pregnancy within 3 months of death)
Date of operation May 11, 1943
Major findings of operation: Constrictive pericarditis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford M. D.
Address Johns Hopkins Hosp. Date signed 5-11-43

VS 180 Via Old Bay Line Steamships Co. Escort - Cecil B. Jarvis

G 04242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. G 04242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4620 Pall Mall Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Firestone

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 081-10-4447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Harriett Lee Fishman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 31-1907

8. AGE: Years	Months	Days	If less than one day
35	8	11	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Beth-Steel Corp

FATHER
12. Name Joseph Firestone
13. Birthplace Austria

MOTHER
14. Maiden Name Bertha -
15. Birthplace Austria

16 (a) Informant Mrs. Harriett Firestone
(b) Address 4620 Pall Mall Rd.
17 (a) Removal (b) Date thereof 5-12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Blvd. Cemetaries
Location McLean Virginia
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St.
19 MAY 8 1943 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1943, at 3.50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-12-43 at 3.50 A.M.
(b) Where did injury occur? Bethlehem-Fairfield Corp.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Fell down ladder into hold of ship.

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 5-12-43

VR 151

G 04243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No. G 04243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Bibb Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Annapolis (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Butler
13. Birthplace Panama

MOTHER
14. Maiden Name Isabella Worton
15. Birthplace Annapolis, Md.

16 (a) Informant Allen Stevens
(b) Address 1542 Eagle Cir, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (month) (day) (year)
(c) Cemetery or crematory Brunch Hill
Location Annapolis

18 (a) Funeral director J B Johnson
(b) Address Annapolis

MA[illegible] (b) [illegible]

VS 181

MEDICAL CERTIFICATION

35

20. DATE OF DEATH May 10 1943, at 5 P M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to coronary arteriosclerosis

Other Conditions Compound comminuted fracture of right lower leg
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury May 8, at 1943 6 P M
(b) Where did injury occur? Lovegrove Alley & Eagle St
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury Hit by a truck

23. Signature Robert E. Graham M.D. Medical Examiner
Date signed May 11 1943

04244
433956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 N G 04244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E 26 st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Thomas Brewer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 3-2-92

8. AGE: Years	Months	Days	If less than one day
51	2	10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name WM Brewer
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte Gildenfenney
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 5-14-43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Lakewood
Location Lake Ave. Baltimore

18 (a) Funeral director
(b) Address

MAY 12 1943 (b)
(Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 29 1943 to MAY 12 1943 and that I last saw h[illegible] M alive on MAY 12 1943

Immediate cause of death	Duration
Pulmonary oedema	2 days
Due to Heart failure	2 days
Due to	
Other Conditions Empyema, hemiparesis (Include pregnancy within 3 months of death)	6 mos.
Date of operation April 30, 1943	
Major findings of operation: Empyema, left	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome B. Monteath, M.D.
Address Johns Hopkins Hosp. Date signed 5-12-43

G 04245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 E. Lafayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph M. Dorman

3 (b) If veteran, name war: World War #1
(c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced
M	W	Divorced

6 (b) Name of ~~husband or~~ wife Rose May — Married
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1891

8. AGE: Years	Months	Days	If less than one day
52	3	25	hr. min.

9. Birthplace Balto. Md. (town, county, and state)
10. Usual Occupation Foreman
11. Industry or business U.S. Govt. Edgewood Arsenal

FATHER
12. Name Charles Dorman
13. Birthplace Scotland

MOTHER
14. Maiden Name Ellen Thorpe
15. Birthplace Ireland

16 (a) Informant Mrs. Edna Miller
(b) Address 1004 E. North Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Hoye & Gray Sts
18 (a) Funeral director Fulton & Son
(b) Address 1704 Gough St
19 (a) MAY 12 1943 (Date rec'd by registrar) Hunter for Williams M.R.

MEDICAL CERTIFICATION 35

20. DATE OF DEATH May 11 1943, at 7 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to angina pectoris

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fulton M.D. Medical Examiner.
Date signed May 11 1943

VS 181

G 04246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 04246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemmon Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (County)
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 W. Mulberry Apt 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Walbridge

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-1962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Elizabeth Aldridge

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1917

8. AGE: Years	Months	Days	If less than one day
26	4	5	hr. min.

9. Birthplace McDaniel Md (Town, county and state)

10. Usual Occupation Truck-helper

11. Industry or business

FATHER
12. Name William Aldridge
13. Birthplace McDaniel Md

MOTHER
14. Maiden Name Ethel Caldwell
15. Birthplace Talbot Co. Md

16 (a) Informant Elizabeth Aldridge
(b) Address 726 Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) MAY 12 1943 (Date received by registrar) Beatrice Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1943, at 8 P. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Punctured lung, traumatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-8-43 at 3 P. M.
(b) Where did injury occur? 726 W. Mulberry St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell out of window, Flag pole and Table

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-9-43

VS 181

04247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 W. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 W Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-1920

8. AGE: Years 22 Months 11 Days 30 29 If less than one day hr. min.

9. Birthplace Middlesex - Co. Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Wm. Johnson

13. Birthplace Va.

14. Maiden Name Ella Parker

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Ella Johnson

(b) Address 1634 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Sandowne, Md.

18 (a) Funeral director Mrs Kate R Williams

(b) Address 322 N Schroeder St.

Kate R. Williams Funeral Director

(Date received by registrar) MAY 12 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1943, at 0730 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1943 to 5/11 1943, and that I last saw h/m alive on 5/11 1943.

Immediate cause of death Pneumonia

Due to Influenza

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evan H Hilkes, M.D.

Address 601 N. Calhoun Date signed 5/12/43

HILKES

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04248

MJ-80863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 92a

G 04248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2840 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Alma Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1893

8. AGE: Years	Months	Days	If less than one day
49	9	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Unable to work
11. Industry or business

FATHER
12. Name Issac (D)
13. Birthplace VA

MOTHER
14. Maiden Name Rosie Fisher (D)
15. Birthplace Maryaldn

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mr. Katy R. Williams
(b) Address 833 N. Lombard St.
(c) Name of Williams M.P. Thurston for Williams M.P. Registrar

MAY 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-43 19 , at 11 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1943 to 5-8 1943.
and that I last saw him alive on 5-8 1943.

Immediate cause of death	Duration
Enteritis - cause undetermined	24 hrs.
Due to Cardiac failure	3 mos.
Due to Natural causes	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 5-10-43

Copies are especially important. Physicians: please write the causes of death clearly and legibly.

04249 G 04249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1627 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 W Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robt H Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9261

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	M.

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22nd

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	2	16		1886

9. Birthplace New Castle - Del (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robt. H. Washington
13. Birthplace West River - Md

MOTHER
14. Maiden Name Priscilla
15. Birthplace West River - Md.

16 (a) Informant Mrs. Hattie Washington
(b) Address 1627 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans, Md.

18 (a) Funeral director McKaige R. Williams
(b) Address 322 N. Schroeder St
McKaige R. Williams MD
(Signature of registrar)
MAY 12 1943
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1943, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 5 1943, and that I last saw h[im] alive on May 5 1943.

Immediate cause of death Uraemia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1627 W Lexington Date signed 5/12/43

04250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160c

G 04250
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 747 Dolphin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-43

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER FATHER
12. Name Louis Henry Moore
13. Birthplace North Carolina
14. Maiden Name Kathryn E. Seward
15. Birthplace Virginia

16 (a) Informant Mrs. K. E. Moore
(b) Address 747 Dolphin Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 12 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1943, to 5-10 1943 and that I last saw h[illegible] alive on 5-10 1943.

Immediate cause of death	Duration
Atelectasis	
Prematurity (2 months)	
Due to Breech Presentation	
Due to Loss in Mother	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Butler, M.D.
Address 2033 Sand Hill Dr. Date signed 5/11/43

correct age is especially important. Physician, please

VS 2

F 0084

04251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 04251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Robert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M&G	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1943

8. AGE: Years	Months	Days	If less than one day
			8 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Wheeler
13. Birthplace Wilson N.C.

MOTHER
14. Maiden Name Alice Wells
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 12 1943 Hamilton Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1943, at 8:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943, to April 25 1943, and that I last saw h[illegible] alive on April 25 1943.

Immediate cause of death Prematurity — Duration 8 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 5-12-43

correct age is especially important

VS 3

F0083

G 04252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

G 04252
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. Euton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Alexander TARASEWICZ

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-1828

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary A. Biggas
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1893

8. AGE: Years	Months	Days	If less than one day
49	9	8	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name Jas. Tarasewicz
13. Birthplace Lithuania

MOTHER
14. Maiden Name Eliz. Valanis
15. Birthplace Lithuania

16 (a) Informant Mrs. A. Tarasewicz
(b) Address 434 N. Linwood ave

17 (a) Burial (b) Date thereof 5/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rational Cemetery
Location Frederick Rd

18 (a) Funeral director Wm. J. Emery
(b) Address 600 Fallsway

19 (a) MAY 12 1943 Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 2 A.M. 45

21. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed chest and abdomen

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 11 1943 at 2 A.M.
(b) Where did injury occur? Commerce & Pratt Sts
(c) Did injury occur at home, on farm, industrial place, in public place? freight yard While at work? No
(d) Means of injury Struck by train

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 11 1943

G 04253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

G 04253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 Brookfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Brill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Mattied

6 (b) Name of husband or wife Yetta Stein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER 12. Name Abraham Brill
13. Birthplace Russia

MOTHER 14. Maiden Name Freda ?
15. Birthplace Russia

16 (a) Informant Louis Brill
(b) Address 1016 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Date received by registrar MAY 12 1943 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1943 at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1943 to 5-12 1943, and that I last saw WM alive on 5-12-43 1943

	Duration
Immediate cause of death Pulmonary Edema	
Due to Myocardial Insufficiency Hypertension Arteriosclerosis	
Due to Carcinoma ventriculi	
Other Conditions Peritonitis Paralytic Ileus (Include pregnancy within 3 months of death)	

Date of operation 4-16-43
Major findings of operation as above -
of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Brodsky M. D.
Address Sinai Hospital Date signed 5/12/43

G 04254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. G 04254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 2625 Boone St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2625 Boone St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	M.

6 (b) Name of husband or wife Viola Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17- 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Texas
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name William HARRIS
13. Birthplace BRENHAM - TEX.

MOTHER
14. Maiden Name MARY E. McHENRY
15. Birthplace Texas

16 (a) Informant Viola Harris
(b) Address 2625 Boone St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Lincoln Cemetery
Location Washington, D.C.

18 (a) Funeral director Mrs. Katie O. Williams
(b) Address 322 N Schroeder St

MAY 18 1943 (Date Registered) Katie for Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 12 1943, and that I last saw him alive on May 12 1943.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Aortic Aneurysm. Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Same.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuelling, M.D.
Address St. Joseph's Hosp. Date signed 5-13-43

G 04255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 04255 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5321 Grinden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5321 Grinden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia M. Kampes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William F.
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) DEC-12-1890

8. AGE: Years	Months	Days	If less than one day
52	4	28	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Walker
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Krauser
15. Birthplace Germany

16 (a) Informant William F. Kampes
(b) Address 5321 Grinden Ave

17 (a) Burial-101 (Burial, cremation, or removal) (b) Date thereof 5-13-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Burk
(b) Address 5305 Harford Rd
(b) Huntington Williams M.D.

MAY 13 1943
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to MAY 10 1943 and that I last saw h alive on MAY 10 1943.

Immediate cause of death
Carcinomatosis
Due to Carcinoma breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1942
Major findings of operation: Breast amputation
of cancer.

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fritz Y Schnyer M. D.
Address 2700 Harford Rd Date signed May 12 43

04256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

G 04256
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 S. Lakewood Ave
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 S. Lakewood Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U.S.A.

3 (a) FULL NAME Stanislaus Kozlowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6th, 1862

8. AGE: Years	Months	Days	If less than one day
81	1	6	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Labor-Retired

11. Industry or business

FATHER
12. Name John Kozlowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Eva Wlodarczyk (Daughter)
(b) Address 616 S. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

MAY 13 1943 (b)
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1943, to May 12, 1943, and that I last saw him alive on May 11, 1943

Immediate cause of death
Pneumonic Hypostatic
Pneumonia
Due to

Due to

Other Conditions Chronic Valvular
Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
1 day
several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 67 Eastern Ave Date signed 5/12/43

G 04257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04257 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Belle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Israel S. Gomborov

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hanna L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1878

8. AGE: Years	Months	Days	If less than one day
64	9		hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation
11. Industry or business Attorney At Law

FATHER
12. Name Hirsh Gomborov
13. Birthplace Russia

MOTHER
14. Maiden Name Minne P.
15. Birthplace Russia

16 (a) Informant Hanna L. Gomborov
(b) Address 4014 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Beth Shalom Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) [illegible] (b) [illegible] Baltimore, Md.
MAY 13 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/43 at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1943 to 5/12 1943, and that I last saw him alive on 5/12 1943.

Immediate cause of death	Uremia	Duration
Due to	Nephrosclerosis	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B. Faulkner M. D.
Address Sinai Hospital Date signed 5/13/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 04258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04258
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Cathedral Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Andrews

3 (b) If veteran, name war —

3 (c) Social Security Account No. 115-03-4037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation Elevator worker

11. Industry or business

FATHER
12. Name Sullivan Andrews
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Conway
15. Birthplace Ireland

16 (a) Informant Sullivan Andrews (son)
(b) Address 120 E. 7th St. N.Y.C.

17 (a) Burial — (b) Date thereof May 15 '43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Calvary Cemetery
Location Queens Co. N.Y.

18 (a) Funeral director John P. Mitchell & Sons
(b) Address 1960 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 10:25 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddocks M.D.
Medical Examiner.

Date signed 5/12/43

CORRECT COPY OF ORIGINAL RECORD

G 04259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04259
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Shirley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1
(e) Length of stay in Baltimore (yrs., mos., or days) 2 2 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Shirley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Lashine

3 (b) If veteran, name war

3 (c) Social Security Account No. 114-12-7188

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna nee Levy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Abraham Lashine
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael –
15. Birthplace Russia

16 (a) Informant Mrs. Faye Reboop (Daughter)
(b) Address 2510 Shirley Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5-13-43 (month) (day) (year)
(c) Cemetery or crematory United Hebrew Cem.
Location Atty Chairm Corp Wash. Blvd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E Balto. St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-43 19 at 8 40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943. to May 12 1943. and that I last saw h alive on May 11, 1943.

Immediate cause of death Cerebral Embolism — Duration

Due to Carcinoma of Lung — 6 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H Ziegler
Address 2318 Eutaw Place Date signed

04260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 04260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 N Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N. Spring St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Sarah Shelman
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1888
8. AGE: Years 55 Months Days If less than one day hr. min.
9. Birthplace Greenbay Va (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Dablin Stokes
13. Birthplace Green Bay Va

MOTHER
14. Maiden Name Sealind Thomas
15. Birthplace Greenbay Va

16 (a) Informant Sarah Bumgardner
(b) Address James Turners Station Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Green Bay Va
Location Green Va

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (a) 5/13/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943, to May 11 1943, and that I last saw alive on May 11 1943

Immediate cause of death Pulmonary edema — Duration 10

Due to Cerebral Apoplexy — Duration 7 Days

Due to Hypertension

Other Conditions Chr. myocarditis
Chr. nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan'l. Berry M. D.
Address 1420 6 Chase Date signed May 13 '43

G 04261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

G 04261 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 N. Patterson Park ave
(c) Hospital or institution:

(d) Length of stay in hospitsl or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. Patterson Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby Josefin Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Samuel Moore
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name Mary Moore
15. Birthplace Balto. Md

16 (a) Informant Walter Tubman
(b) Address 527 paterson Park ave

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery.
Location Brooklyn Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley E.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 11 - 1943, at 12 15 PM

21. I certify that I took charge of the remains described above, held an Autopsy and Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mustain M.D.
Medical Examiner.
Date signed 5/11/43

VS 161

G 04262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 04262
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Lorman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriet Contee 81177

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1926

8. AGE: Years	Months	Days	If less than one day
17	1	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Spencer Contee
13. Birthplace Md.

MOTHER
14. Maiden Name Rosie Snell
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto. Co., Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 W. Mount St.

19 (a) 5/13/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 6:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1943 to May 12 1943 and that I last saw her alive on May 12 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions
Pregnancy, undelivered, 18-20 wks
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Starr
Address Balto City Hosp Date signed 5/12/43

G 04263 Transcript

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04263

CERTIFICATE OF DEATH

166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilmore - Fayette St
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 N. Fessington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Archie Moore

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	223-10-5056	Male	White	Married

6 (b) Name of husband or wife Helen R Moore
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) June 27-1906

8. AGE: Years	Months	Days	If less than one day
36	10	14	hr. min.

9. Birthplace Pike County Ky
(Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Bethlehem Ship Bldg

FATHER
12. Name Lindsey L. Moore
13. Birthplace Kentucky

MOTHER
14. Maiden Name J. L. Crook
15. Birthplace Ky

16 (a) Informant Helen R. Moore
(b) Address 301 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/43 (month, day) (year)
(c) Cemetery or crematory Mt Calvert
Location Baltimore - Md

18 (a) Funeral director J. O. Weyforth & Son
(b) Address 300 Eutaw Place

19 (a) [illegible] (b) Huntingtown Williams, Md
Registrar

MAY 13 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11- 1943, at 12 Noon M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

(a) Gun shot of abdomen
Due to followed by acute Peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/8/43 at 7 P. M.
(b) Where did injury occur? 1941 N. Fessington Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gun shot

23. Signature Howard J. Weinstein M.D.
Medical Examiner.
Date signed 5/11/43

G 04264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13C

G 04264
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 34 W. West St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Ernest Davis 81417

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife: Sara

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1906

8. AGE: Years	Months	Days	If less than one day
37	3	17	hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation:

11. Industry or business:

FATHER
12. Name: Charlie
13. Birthplace: Va.

MOTHER
14. Maiden Name: Hattie Waters
15. Birthplace: Baltimore

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: a a Co Md

18 (a) Funeral director: Isaiah L. Brown
(b) Address: 108 W Montgomery St

19 (a) (Date rec'd by Local Registrar) MAY 13 1943 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1943, at 8:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to May 10 1943, and that I last saw h in alive on May 10 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: ?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: A.S. Hartz M.D.
Address: Balto City Hosp Signed 5/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 31265

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES BETRON POLLITT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife L. Irving Pollitt, Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	5	hr. min.

9. Birthplace Port Gibson, Miss.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Samuel Reading Betron
13. Birthplace Phila., Pa.

MOTHER
14. Maiden Name Altilie Mueller
15. Birthplace Germany

16 (a) Informant Mr. L. Irving Pollitt,
(b) Address 1715 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1943 (Date received by registrar)

Huntington Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1943, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1932 to May 11 1943, and that I last saw her alive on May 10 1943.

Immediate cause of death	Duration
Congestive Myocardial Failure	2 weeks
Due to Arteriosclerotic Heart Disease	15 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conrad W 9/1
Address 11 E. Chase St. Baltimore Md
Date signed 5/12/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

G 04266 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Forest Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Forest Part Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA B. PRINCE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. -- 1872

8. AGE: Years	Months	Days	If less than one day
70	7 -	-	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Conrad Prince
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Caroline Smith
15. Birthplace Germany

16 (a) Informant Miss Blanche Prince
(b) Address 3703 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) MAY 13 1943 (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1943 at 11 16 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1943 to 5/11 1943 and that I last saw her alive on 5/11 1943.

	Duration
Immediate cause of death Coronary occlusion	14 days.
Due to myocardial insufficiency	12 days.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Peter M. D.
Address 3407 Windsor Ave Date signed 5/12/43

to Williams M.D.

G 04267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a G-04267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4
(c) Hospital or institution: University Hospital 5th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6da
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Monument St. 3711 Liberty Heights Ave.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Henry F. Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife — Margaret Stine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1854

8. AGE: Years	Months	Days	If less than one day
88	4	17	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation physician

11. Industry or business

FATHER
12. Name ? Samuel O. Hill
13. Birthplace Va.

MOTHER
14. Maiden Name ? Catherine E. Shelton
15. Birthplace Va.

16 (a) Informant Mrs H.H. Elliot
(b) Address 1501 Chelsea Rd, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1943 (Date rec'd by registrar) (b) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943 at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 12 1943. and that I last saw him alive on May 12 1943

Immediate cause of death Coronary insufficiency (Thrombosis)

Duration 6 days

Due to thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George N. Dunn M.D.
Address Univ. Hosp. Date signed 5/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 04268
JL - 81457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Young (Adela)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1943

8. AGE: Years	Months	Days	If less than one day
8 hrs	0	0	8 hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation N. B.

11. Industry or business

FATHER
12. Name Elisha Young
13. Birthplace Tenn.

MOTHER
14. Maiden Name Adela Lynch
15. Birthplace Tenn

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 43 (month) (day) (year)
(c) Cemetery or crematory Fort Meade
Location Fort Meade Md.

18 (a) Funeral director Wm. J. Fridrich & Son
(b) Address North & Penna Ave

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1943 to 5-12 1943 and that I last saw him alive on 5-12 1943

Immediate cause of death
Congenital Atelectasis
Due to Prematurity
Due to
Other Conditions Intracranial Hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration
8 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
M. D.
Address Balto. City Hosp. Date signed 5-13-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 04269 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Gough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 92 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Bala
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Gough St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Margaret Meiss

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Race: Black

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jacob Meiss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1850

8. AGE: Years 92 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Geo P Keagle
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth L C Reidt
15. Birthplace Germany

16 (a) Informant Mrs Anna Meiss
(b) Address 2007 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/43 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director Uhlrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by Registrar) MAY 19 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1943 to 5/11 1943 and that I last saw h alive on 5/11 1943.

Immediate cause of death: right hemiplegia (cerebral hemorrhage) — Duration: 3 days

Due to: arterio-sclerosis. — 2

Due to: —

Other Conditions: myocarditis.

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Schlicht M.D.
Address 447 N. Kenwood Ave Date signed 5/17/43

VS 3

G 04270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04270
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hospital
(b) Street address Lombard & Green Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Delmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Interfield Rd & Thompson Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lynn H Single

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 18 1936

8. AGE: Years	Months	Days	If less than one day
6	8	21	hr. min.

9. Birthplace Seven Pools Md
(Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name John W. Single
13. Birthplace Pa

MOTHER
14. Maiden Name Gladys Wolf
15. Birthplace Md

16 (a) Informant Lynn H. Single
(b) Address Interfield Rd & Thompson Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem
Location Old Annapolis Rd near Bowers Rd

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (Date rec'd by registrar) MAY 13 1943
Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1943, to 5-9 1943, and that I last saw her alive on 5-7 1943.

Immediate cause of death Meningitis
Due to probably meningococcic
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend M.D.
Address University Hospital Date signed 5-9-43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04271
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 W Lee St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 W Lee St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph S. Shiflett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1902

8. AGE: Years	Months	Days	If less than one day
40	11	14	hr. min.

9. Birthplace Green Co Va
(Town, county, and state)

10. Usual Occupation Rigger Bethlehem Steel Co
11. Industry or business

FATHER
12. Name Andrew J Shiflett
13. Birthplace Va

MOTHER
14. Maiden Name Sydnia L Breading
15. Birthplace Va

16 (a) Informant Mrs Sydnia L Shiflett
(b) Address 7 West Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore a a Co Md

18 (a) Funeral director William M Mareck
(b) [illegible] Light St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 11 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from May-6 1943 to May-11 1943, and that I last saw h[illegible] alive on May 11 1943.

Immediate cause of death Uremia
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 7 D

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Trampler
Address 1[illegible] Lee Date signed 5/15/43

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Information is especially important.

VS 180

G 04272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04272 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Light St.
(c) Hospital or institution South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 W West St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Margaret Ellen Hayes Johnson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Child
6 (b) Name of husband or wife Child
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 4, 1936
8. AGE: Years 7 Months 4 Days 6 If less than one day hr. min.
9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Child
FATHER 12. Name James M
13. Birthplace Norfolk Va
MOTHER 14. Maiden Name Evelyn M Johnson
15. Birthplace S C
16 (a) Informant James Mayes
(b) Address 11 W Montgomery St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md
18 (a) Funeral director Isaac L. Brown & Son
(b) Address 108 W Montgomery St
19 (a) (b) Registrar

MAY 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 6 00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1943 to 5-10 1943, and that I last saw h. alive on 5-10 1943
Immediate cause of death Tetanus
Due to Fract. Compound of Third Dist Phalanx
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 23/1
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence May 9 at M
(c) Where did injury occur? At Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At Home (Specify type of place) While at work?
(e) Means of injury Fall from Porch Steps
23. Signature C. Andrew Taff M. D.
Address 213 Light St. Date signed 5/10/43

Physician: please write the causes of death clearly and legibly. Be sure to underline the cause to which death is especially important. Physicians: please write the causes of death clearly and legibly.

Hunted for Baltimore, Md. Chas. Lee Graham M.D.

G 04273
434439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04273
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York.
(c) City or town New Freedom
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Bisker
3 (b) If veteran, name war
3 (c) Social Security Account No. 185-01-2525
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Marion
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 11-10-01
8. AGE: Years 41 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Md.
10. Usual Occupation ~~Watchman~~ Manager
11. Industry or business Canning Factory
FATHER 12. Name Frank Bisker
13. Birthplace Pa.
MOTHER 14. Maiden Name Margaret Shuhart
15. Birthplace Pa.
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1943 (month) (day) (year)
(c) Cemetery or crematory St. John's R. C.
Location New Freedom, Pa.
18 (a) Funeral director Jacob Hartung Sons
(b) Address Dehff Freedom, Pa.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 2 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943, to May 12 1943, and that I last saw him alive on May 12 1943.
Immediate cause of death Uremia
Duration 3-4 years
Due to Malignant kidney tumor, metastasis
Due to ~~of~~ tension including liver
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Malignant kidney tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature James A. Singiser
Address J. H. Hosp. Date signed 5 13
M. D.

VS 250

04274 MJ-81387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

G 04274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs. Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town write RURAL and give town)
(d) Street address or location 4940 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Howe

3 (b) If veteran, name war

3 (c) Social Security Account No. 466-01-3445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8, 1885

8. AGE: Years	Months	Days	If less than one day
58	2	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace England

MOTHER
14. Maiden Name Alice Ann Martin
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Aberdeen Md

18 (a) Funeral director J. Wesley Stone
(b) Address 1 E. Lexington St.

19 (a) (Date received by Registrar) MAY 18 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11- 1943 at 1 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8- 1943 to 5-11- 1943 and that I last saw him alive on 5-11-1943

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Gangrene of scrotum — 6 days
Due to generalized arteriosclerosis — yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-8-43
Major findings of operation: gangrene of scrotum
of autopsy: not allowed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Smith M. D.
Address Balto. City Hosp
Date signed 5-13-43

G 04275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Koppers Co: Bush - Hamburg Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Schindhelm

3 (b) If veteran, name war –

3 (c) Social Security Account No. 212-09-8586

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Josephine Schindhelm
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 2-1891
8. AGE: Years: 52 | Months: 0 | Days: 9 | If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Machinest
11. Industry or business: Koppers Co.

FATHER
12. Name: Frederick Schindhelm
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Annie Batz
15. Birthplace: Baltimore Md.

16 (a) Informant: Josephine Schindhelm (Wife)
(b) Address: 728 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/43 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: German Hill Road

18 (a) Funeral director: Lilly and Zeiler N.C.
(b) Address: 4038. Wolfe St.

19 (a) (Date rec'd by reg.) (b) Registrar
MAY 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11- 1943, at 11 30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion
Due to
Other Conditions Arteriosclerotic Cardiovascular Disease.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haldeman M.D.
Medical Examiner.
Date signed 5-11-43

G 04276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 04276 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 EUTAW PLACE
(c) Hospital or institution:
NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2738 MURA ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTIONIA SEMENKIW

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife PETER SEMENKIW
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 10 1893

8. AGE: Years	Months	Days	If less than one day
50	0	2	hr. min.

9. Birthplace AUSTRIA
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ELISS ZACHARKIW
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name MAGDALINE DURDELLA
15. Birthplace AUSTRIA

16 (a) Informant MARGARET KERR (DAUGHTER)
(b) Address 2738 MURA ST.

17 (a) BURIAL (b) Date thereof MAY 15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMANHILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (b)
(Date rec'd by registrar) MAY 20 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 12 1943 at 7 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943, to May 12 1943, and that I last saw her alive on May 11 1943

Immediate cause of death Cerebral Haemorrhage — Duration

Due to Essential Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Rosenblatt M. D.
Address 3019 O'Donnell St. Date signed 5/12/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1710 C 04277

C 04277

S.S. E-289 Md. Dry Dock

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? India (Yes or No)
If yes, name country Calcutta

3 (a) FULL NAME Arfanulla Mazimulla

3 (b) If veteran, name war: W —
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Indian Asiatic	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905 1914

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Sylhet, India
(Town, county, and state)

10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Next of Kin Consul
(b) Address Gilpin Bldg. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Funeral Co
(b) Address 1300 E. Fayette

19 (a) [illegible] Attending for Williams, M.D.
Registrar

MAY 15 1943

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-1943, at 5:02 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Fractured Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 5/11/43 at 3.40 P.M.
(b) Where did injury occur? Light St., 100' N. of Mount St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by Auto

23. Signature Howard J. Waldeis M.D.
Medical Examiner.

Date signed 5/12/43

G 04278 W05300 Mr. Hausman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town DUNDALK Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Maple Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Victoria Crum
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. J. Crum Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 - 1 - 00

8. AGE: Years 43 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace HUNGARY (Town, county, and state)
10. Usual Occupation Dress maker
11. Industry or business

FATHER
12. Name Joseph Kovacs
13. Birthplace Hungary

MOTHER
14. Maiden Name MARY Mertlik
15. Birthplace Hungary

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) MAY 13 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943 at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to May 11 1943 and that I last saw her alive on May 11 1943.

Immediate cause of death Laryngeal edema — Duration
Due to pending autopsy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Hamblin M.D.
Address Johns Hopkins Date signed 5/11/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G 04279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 argyle ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 argyle (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Booth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Col	Widow

6 (b) Name of husband or wife George Booth
6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 [illegible]

8. AGE: Years	Months	Days	If less than one day
60	8	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home —
11. Industry or business

FATHER	12. Name John Boston
	13. Birthplace Maryland —
MOTHER	14. Maiden Name Hannah —
	15. Birthplace Maryland —

16 (a) Informant Beatrice Booth
(b) Address 928 Argyle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Columbus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 328 N. Schroeder St

19 MAY 13 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 5/10 1943 and that I last saw her alive on 5/10 1943.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Findings Verified

of autopsy:

Duration 7 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trautman M. D.
Address 1111 Eutaw Pl Date signed 5/13/43

VS 3

04280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. G 04280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Wayne ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Wayne ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Louis FREDERICK A Rolf Sr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife (deceased) Margaret Rolf — 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 25th 1877

8. AGE: Years	Months	Days	If less than one day
65	8	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Mail Carrier

FATHER 12. Name August Rolf
13. Birthplace Germany

MOTHER 14. Maiden Name Susan Leidy
15. Birthplace Balto. Md

16 (a) Informant Mr. Louis Rolf Jr.
(b) Address 4415 Marble Hill Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5 (month) 14 (day) 43 (year)

(c) Cemetery or crematory Woodlawn
Location Balto. Md

18 (a) Funeral director Mrs. Walter Elam
(b) Address 2513 Edmondson Ave

MAY 13 1943 (Date rec'd by registrar) Huntington Robinson, Md Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 12 A.M. K.J.

21. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Asphyxiation

Due to Hanging

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-11-43 at P M.
(b) Where did injury occur? 3026 Wayne ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Suspended by rope, rafter in cellar

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 5-12-43

G 04281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 04281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 Kennedy Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Kennedy Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pattie V. Hammel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John G. Hammel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1853

8. AGE: Years	Months	Days	If less than one day
89	8	2 3	hr. min.

9. Birthplace York Pa, (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name Willia, B. Carter
13. Birthplace York Pa,

MOTHER
14. Maiden Name Barbara Christine
15. Birthplace York Pa,

16 (a) Informant Miss Emma Hammel
(b) Address 1918 Kennedy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Taylor Ave,
18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St,
19 (a) MAY 17 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 19 , at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943, to May 10 1943, and that I last saw her alive on May 2 - 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arterio Sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed May 2-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

04282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

G 04282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5419 Lothian Rd, Govans,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5419 Lothian Rd, Govans
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand A. Mooyer

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife **** Catherine Mooyer
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Dec, 11, 1862

8. AGE: Years	Months	Days	If less than one day
80	5	1	hr. min.

9. Birthplace Baltimore, Md,
(Town, county, and state)
10. Usual Occupation Retired Hotel Clerk
11. Industry or business

FATHER
12. Name Ferdinand Mooyer
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Miller
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs. Catherine Mooyer
(b) Address 5419 Lothian Rd, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East end North Ave,

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave,

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1943, to May 11 1943, and that I last saw h / him alive on May 11 1943

Immediate cause of death Coronary Artery disease.

Duration 1 day

Due to ?

Due to

Other Conditions Cancer of rectum

Duration 6 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 5217 York Rd Date signed 5/12/43

VS 250

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accurate and correct age is especially important.

04283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 S. North ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Flora Dilloway

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name D. Dilloway
13. Birthplace —

MOTHER
14. Maiden Name Ann Dilloway
15. Birthplace —

16 (a) Informant: Catherine Kelly
(b) Address: 1915 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location

18 (a) Funeral director Mary M. Kirkfield
(b) Address 501 E 22nd St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 2:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection + Autopsy thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallis M.D.
Medical Examiner.
Date signed 5/17/43

VS 151

AGO. 1-11 2M38

G 04284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 G 04284

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Lanvale Ave St. 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dubcak

(a) Residence: No. 2916 Lanvale Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catholine Dubcak

6. DATE OF BIRTH (month, day, year) Feb. 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moravia

FATHER

13. NAME Joseph Dubcak

14. BIRTHPLACE (city or town) (State or country) Moravia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Moravia

17. INFORMANT Margaret Dubcak

(Address) 2916 Lanvale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 5-15 1943

19. UNDERTAKER Frank Boyd & Son

(Address) 900 N. Charles St

20. FILED MAY 13 1943 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instruction on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1943 to May 11, 1943

I last saw him alive on May 10 1943 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Gout myocardial failure	7 days
Lobar pneumonia Left	7 days
Arteriosclerosis generalized	2 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 6217 Hartford Ave

G 04285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 04285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4-V
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs - 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Division (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Reuben Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Widower

6 (b) Name of husband or wife Mary Bolden Thomas
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10/1855

8. AGE: Years	Months	Days	If less than one day
88	1	1	hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Private

FATHER
12. Name Thacker Thomas
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Alpheus Thomas
(b) Address Hyattsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 15 43 (month) (day) (year)
(c) Cemetery or crematory White Rock
Location Rural Md Bowie Candler

18 (a) Funeral director C. M. Waltz
(b) Address Hyattsville Md

19 (a) (Date received by registrar) MAY 12 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12/43 19 at 7 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/11/43 to 9/12/43 and that I last saw ... alive on 9/11/43 19..

Immediate cause of death: Acute Dilation of Heart

Duration 3 Hours

Due to Funeral Arrangements

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Thomas M.D.
Address 927 Myrtle Ave Date signed 9/13/43

PLEASE WRITE PLAINLY. Without erasures or interlineations. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

04286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1462 Registered No. G 04286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Duraczyk

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-05-1335

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Casimir Duraczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Wisniewska
15. Birthplace Poland

16 (a) Informant Mollie Duraczyk
(b) Address 2828 Elliott St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave —

18 (a) Funeral director John J. Rudd
(b) Address 2829 Hudson St

19 (a) 5/13/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943, to 5/12 1943, and that I last saw him alive on 5/12 1943

Immediate cause of death: Generalized carcinomatosis (abdominal) — Duration

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis M. Zeimer M.D.
Address Md. Gen. Hosp. Date signed 5/14/43

VS 8

orig G 04287 G 04287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Ellingo ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Ellingo St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lewis

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-43

8. AGE: Years	Months	Days	If less than one day
	1	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Lewis
13. Birthplace Md

MOTHER
14. Maiden Name Dorothy Watkins
15. Birthplace Md.

16 (a) Informant Dorothy Lewis
(b) Address 2108 Ellingo St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location C. G. Co

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 638 Light St Williams, M.D.

19 (a) MAY 13 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 11 30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Status thymicolymphaticus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 13 1943

VS 151

Spec.—8-16-39—L. F. S.—100 Blm.

04288

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04288

CERTIFICATE OF DEATH

✓108

1—PLACE OF DEATH

REGISTERED NO. 17-2

CITY OF BALTIMORE: (No. 1133 Myrtle Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Leona Smith Gaskins

(a) RESIDENCE NO. 1133 Myrtle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Edward Gaskins

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	21 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilson (State or country) North Carolina

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) Bolden (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Annie Freeman

13 BIRTHPLACE OF MOTHER (city or town) Bolden (State or country) North Carolina

14 Informant Husband

(Address) 1133 Myrtle Ave. Balto.

15 MAY 10 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1943

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1943, to May 9, 1943, that I last saw h er alive on May 9, 1943, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) O. H. Lee, M. D.

, 19 (Address) 1325 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbutus Memorial

DATE OF BURIAL May 13 1943

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 328 N. Schroeder St.

G 04289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 04289

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 Elliott St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Mroszinski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			9 hr. 2 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Chester Mroszinski

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Martha Siejak

15. Birthplace Balto. Md.

16 (a) Informant Chester Mroszinski

(b) Address 2838 Elliott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore County

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester Street

19 MAY 13 1943 (b) [illegible] Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1943 at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to May 9 1943 and that I last saw him alive on May 9 1943

Immediate cause of death Prematurity — Duration 9' 2"

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Mercy Hospital Date signed 5-12-43 M. D.

G 04290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04290
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Allendale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Allendale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Gresc.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5417

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	M.

6 (b) Name of husband or wife Wilhelmina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	24	hr. min.

9. Birthplace Baltimore Md.
(Town, county) and state)

10. Usual Occupation

11. Industry or business Continental Can

FATHER
12. Name August Gress
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Hoffman
15. Birthplace

16 (a) Informant Mrs Wilhelmina Gress
(b) Address 607 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Franklin Town

18 (a) Funeral director Harry H. Wilkes
(b) Address 4101 Edmondson Ave

19 (a) MAY 13 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/43 19 , at 9.33 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 5/12/43.

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JACK IRELAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL MAY 13 1943

18 (a) Funeral director (Address) MAY 13 1943 Commissioner of Health

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

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F 0089

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943 at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection / Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Pneumonia, lobular

Due to Chronic alcoholism

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.

Date signed 5-7-43

04292

Morgue

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

G 04292 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1944 Vine St (Or location)
(e) Citizen of foreign country? 661 Vine St. (Yes or No)
If yes, name country

3 (a) FULL NAME Dock Lee Wiggins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 13 1943

18 (a) Funeral director
(b) Address

19 (a) MAY 13 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

Commissioner of Health

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Purulent Meningitis, subarachnoid [redacted] hemorrhage

Due to trauma

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 25 1943 5:30 P M.
(b) Where did injury occur? Hamburg & Eutaw Sts
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Blunt force

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 2 1943

10088

Coccyx

Unregistered G 04293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Baltimore Gen'l Hosp. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Vacant lot in rear of 1519 Fillmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tony Paccunder

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 13 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1943, at 7 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Myocardial fibrosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed April 8 1943

VS 6

F0087

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04294

G 04294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 182

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... City Morgue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ... 4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Market Place
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Gillespie

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			..... hr. ..... min.

9. Birthplace .....
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business

FATHER
12. Name .....
13. Birthplace

MOTHER
14. Maiden Name .....
15. Birthplace

16 (a) Informant .....
(b) Address

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory .....

Location JOHN HOPKINS MEDICAL SCHOOL MAY 13 1943

18 (a) Funeral director ..... Commissioner of Health

(b) Address .....

MAY 13 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27- 1943 at 11 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions Cirrhosis of Liver. Chr. Pleurisy. Chronic Nephritis. Atherosclerosis	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence 4-27-43 at AM
(c) Where did injury occur? Great Falls - City.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bathing While at work? No
(Specify type of place)
(e) Means of injury Drowned

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 4-27-43

0086

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 04295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 561 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 561 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1856

8. AGE: Years 87 | Months 6 | Days 13 | If less than one day 17 hr. min.

9. Birthplace Montgomery Co. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Wood

13. Birthplace Montgomery Co. Md.

MOTHER 14. Maiden Name Caroline Belt

15. Birthplace Montgomery Co. Md.

16 (a) Informant Mabel Munroe

(b) Address 557 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Chas. H. Hyde

(b) Address 1681 Druid Hill Ave.

19 (a) Registrar (b) Huntington Williams, M.D.

MAY 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5.8. 1943 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 5.8 1943
and that I last saw her alive on 5.7 1943

Immediate cause of death Cardio-Vascular-Renal Disease

Due to —

Due to —

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Dr. Signature H. P. Hughes

Address 825 N. Fremont Ave. Date signed 5/12/43

G 04296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04296

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 435 Freeman St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Dorn DORN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-5-43

8. AGE: Years	Months	Days	If less than one day
			1/2 hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Aloysius DORN

13. Birthplace Balto

MOTHER 14. Maiden Name Bertha Nassner

15. Birthplace Balto

16 (a) Informant Hospital Records.

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th 43 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem. Location A. A. Co.

18 (a) Funeral director Bernard C Hanlon

(b) Address 121 E West St

MAY 13 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1943, at 8:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1943 to 5/5 1943, and that I last saw h[illegible] alive on 5/5 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions Club feet & hands

Observed by Dr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Lowbey

Address St. Agnes Hosp. Date signed 5/13/43

G 04297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 4
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Federal Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Carey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 7 | 1914

8. AGE: Years	Months	Days	If less than one day
28	6	6	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Jessie Carey
13. Birthplace Va.

MOTHER
14. Maiden Name Mollie Halland
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 16 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cal
Location Rockville Rd Hoyles Ln

18 (a) Funeral director Martin E. Curtis
(b) Address Jarrettsville Md

MAY 14 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to May 13 1943 and that I last saw her alive on May 13 1943.

Immediate cause of death Uremia — Duration

Due to Chronic Nephritis

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rosalie Brooks M. D.
Address Mercy Hosp Date signed 5/13/43

VS 150

G 04298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 04298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 S. Robinson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Sanders (Harold Sanders)

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-22-9400

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Marie E. Sanders Madore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1902

8. AGE: Years	Months	Days	If less than one day
40	8	29	hr. min.

9. Birthplace Cranesville, W. Va.
(Town, county, and state)

10. Usual Occupation Burner
11. Industry or business Beth. Shipbuilding Co.

FATHER
12. Name Delpha R. Sanders
13. Birthplace W. Va.

MOTHER
14. Maiden Name Dolly Johns
15. Birthplace W. Va.

16 (a) Informant Mr. Delpha R. Sanders, father
(b) Address 105 Frederick St. Cumberland, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/13/43 (month) (day) (year)

(c) Cemetery or crematory
Location Terra Alta, W. Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1943, at 11:35 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-12-43

VS 161

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 04299

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KENNETH L. ROBINSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-2477

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine L.
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 19-1925

8. AGE: Years	Months	Days	If less than one day
37	9	21	hr. min.

9. Birthplace Baltimore, (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Albert Robinson
13. Birthplace Baltimore,

MOTHER
14. Maiden Name Ida George
15. Birthplace Md.

16 (a) Informant Mrs. Josephine Robinson
(b) Address 1218 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave.

18 (a) Funeral director Wendell E. Thompson
(b) Address 1201 N. Broadway

19 (Signature of registrar) MAY 14 1943 Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1942 to May 10 1943. and that I last saw him alive on May 10 1943.

Immediate cause of death — Duration

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Fisher M. D.
Address 1823 N. Monroe St. Date signed 5/12/43

VS 150

G 04300 MJ- 81421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 G 04300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Parrish Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1554

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lucy Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1898

8. AGE: Years	Months	Days	If less than one day
45	-	-	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Paper Factory
11. Industry or business

FATHER
12. Name John Carter
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Shore
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md. H. Kelsay
18 (a) Funeral director
(b) Address 1303 Pressing
19 (a) (b)
MAY 14 1943 Huntingtown, Md.
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1943 at 3 5/6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1943 to 5-12 1943 and that I last saw him alive on 5-12 1943.

Immediate cause of death Toxic hepatitis — Duration 7
Due to Miliary tuberculosis — Duration ?
Due to (a)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

D. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-13-43

(over)

G 04301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 04301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 McCulloh Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 McCulloh Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Geraldine L. Singleton
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A.A.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/11/1923

8. AGE: Years	Months	Days	If less than one day
20	4	1	hr. min.

9. Birthplace Lothian B.A. Co., Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Thomas H. Singleton
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sarah Pratt
15. Birthplace A.A. Co. Md

16 (a) Informant Mr. Thomas Singleton - father
(b) Address 1525 McCulloh Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director George H. Nelson
(b) Address 1297 Pennsylvania Ave

19 MAY 13 1943 (Date rec'd by registrar) Harrington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Pericarditis — Duration: 4 days
Due to: Tuberculous Pneumonia — Duration: 5 wks.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 802 Penna Ave Date signed 5/13/43

G 04302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

G 04302 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully spelled. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1103 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Blake
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Samuel Blake
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 13, 1876
8. AGE: Years 66 | Months 7 | Days 27 | If less than one day hr. min.
9. Birthplace Porto-Rico (Town, county, and state)
10. Usual Occupation Store Maid
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Porto-Rico

MOTHER
14. Maiden Name Not known
15. Birthplace Va

16 (a) Informant Samuel Blake
(b) Address 1103 Myrtle Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co., Md.
18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.
19 (a) (b) Interior-Williamsport, Md.

Date received MAY 14 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1943 at 4:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to May 10 1943 and that I last saw h[illegible] alive on May 9 1943.
Immediate cause of death Carcinoma Pancreas Duration 1 yr
Due to
Due to
Other Conditions Ruptured Metastasis
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ralph T. Murray
Address 1424 E. Monument Date signed 5/12/43 M. D.

G 04303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Assenia Hoffnagle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: HOWARD HOFFNAGLE

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JULY ? 1876

8. AGE: Years 67 | Months 10 | Days | If less than one day ____ hr. ____ min.

9. Birthplace MARYLAND. (town, county, and state)

10. Usual Occupation HOUSEWORK.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Jennie E. Sweigart
(b) Address 4207 E. Eager St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hove
Location Balto Co Md

18 (a) Funeral director Edmond B. Donovan
(b) Address 3615-17 Eastern Ave

19 MAY 16 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to May 12 1943, and that I last saw h[illegible] alive on May 12 1943.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuehrig M. D.
Address St. Joseph's Hosp Date signed 5-18-43

VS 3

G 04304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. G 04304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3142 Foster Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3142 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET M. BAUER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ALBERT A. BAUER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 8 1893

8. AGE: Years 50 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN ZORN
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA RAAB
15. Birthplace GERMANY

16 (a) Informant ALBERT A. BAUER (HUS.)
(b) Address 3142 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 17/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST

19 (a) (b) Huntington Williams, M.D.
Registrar

MAY 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. J. Williamson M.D. Medical Examiner.

Date signed 5-13-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL G 04305 81422

G 04305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore 5 (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Locust St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Reed

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband: Charles Reed
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6 1855

8. AGE: Years	Months	Days	If less than one day
88	1	6	hr. min.

9. Birthplace: Md (Baltimore) (Town, county and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Unknown
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: B. C. H. Records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation or removal): Burial (b) Date thereof: 5/17/43 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A. A. Co. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) MAY 14 1943 (Registrar's signature) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-12 1943, at 9:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1943 to 5-12 1943, and that I last saw her alive on 19

Immediate cause of death	Duration
Bronchopneumonia	
Due to Arteriosclerot. - C. V. D.	
Due to Failure	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Johnny Hayes M.D.
Address: 4940 Eastern Ave.
Date signed: 5/13/43

G 04306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 04306

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Tunbridge Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jane E. Emerson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband: Milan O. Emerson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar 10 1891

8. AGE: Years	Months	Days	If less than one day
52	2	3	hr. min.

9. Birthplace: Baltimore Md (City, county, and state)
10. Usual Occupation: R. Nurse
11. Industry or business

FATHER
12. Name: R Edward Burns.
13. Birthplace: Balto Co.

MOTHER
14. Maiden Name: Mary Schaworld
15. Birthplace: York Pa.

16 (a) Informant: Milton O. Emerson
(b) Address: 516 Tunbridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Baltimore
Location: Towson, Md.

18 (a) Funeral director: William Cook Jno.
(b) Address: 1245 W. Pratt St.

19 (a) MAY 14 1943 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 13 1943 and that I last saw her alive on May 13 1943.

Immediate cause of death: Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuston M. D.
Address: St. Joseph's Hosp. Date signed: 5-12-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2939 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Willeke

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna J.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1873

8. AGE: Years	Months	Days	If less than one day
69	7	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Cabinet Maker

FATHER
12. Name August Willeke
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Trimper
15. Birthplace Germany

16 (a) Informant Mrs Anna J. Willeke
(b) Address 2939 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 961 Hollins St.

19 (a) MAY 1 7 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1943, at 7 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1932 to May 13 1943 and that I last saw him alive on 5/13 1943

Immediate cause of death Chr. Endocarditis — Duration 11 yrs
Due to
Due to
Other Conditions Coronal Arteriosclerosis — 7 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Coleman Bowers, MD
Address 1901 Eutaw Pl Date signed 5/14/43

VS 150

G 04308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 85

G 04308 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 E. HOFFMAN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 ?
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E HOFFMAN ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD LOUIS COLLISON

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 2, 1925

8. AGE: Years	Months	Days	If less than one day
18	2	12	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name THOMAS COLLISON
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name JENNIE PEED
15. Birthplace BALTO. MD.

16 (a) Informant FATHER Thomas Collison
(b) Address 2005 E. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North ave above Gay St.

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road.

19 (a) (Date received by Registrar) MAY 15 1943 (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 14 1943 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased on MAY 14 1943 to 19 , and that I last saw h alive on (see back 29)

Immediate cause of death STATUS EPILEPTICUS — Duration 3 HRS.

Due to EPILEPSY — 18 YRS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roland E. Breier, M. D.
Address 1201 N Forgwood St Date signed 5/14/43

G 04309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G 04309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 N. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma G. Bickley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Harry G. Bickley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1st 1875

8. AGE: Years	Months	Days	If less than one day
67	7	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Baldwin
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rebecca Jane Shipley
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Grace Middleton
(b) Address 103 Birdwood Ave. Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 7101 Frederick Ave.

19 (a) Filed by [illegible] MAY 14 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1943, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
due to Illuminating gas.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 2 1943 ? M.
(b) Where did injury occur? 2114 N. Fairmount Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Turned on gas stove burners.

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 13 1943

VS 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04740 — 158 B — G 04810 — File No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Ave
(c) Hospital or institution: West Baltimore General Hospital 10-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Brentwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose GROSSMAN

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 060-14-4805

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	White	Married

6 (b) Name of husband ~~HUSBAND~~ Charles P. Grossman
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Oct. 10 1923

8. AGE: Years	Months	Days	If less than one day
19	7	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Cashier
11. Industry or business Century Theatre

FATHER
12. Name Anthony Anapa
13. Birthplace Italy

MOTHER
14. Maiden Name Jennie Fazze
15. Birthplace Italy

16 (a) Informant Charles P. Grossman (Husband)
(b) Address 1212 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Mora
(b) Address 52 N. Morley St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 14 1943 Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 13 1943. 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13/43 19 to 5/13/43 19; and that I last saw her alive on 5/13/43.

Immediate cause of death: Bronchopneumonia Secondary
Due to: Subacute bacterial endocarditis
Other Conditions: Rheumatic Fever
(Include pregnancy within 3 months of death)

Duration
4 mos

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Shorofsky MD
Address West Balto Gen Hosp Date signed 5/18/43

434327
G 04311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8/a

G 04311
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peggy Anne Stewart

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex Female | **5. Color or race** Black | **6 (a) Single, married, widowed, or divorced** Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-43

8. AGE: Years | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Wm Thomas Stewart
13. Birthplace Va

MOTHER
14. Maiden Name Alyce Jones
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/15/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Arbutus, Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1342 N. Central Ave

19 (a) MAY 16 1943 (Date received by City Registrar) Acting for Wilhelmina M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 1 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 13 1943 and that I last saw her alive on May 13 1943.

Immediate cause of death Meningitis — Duration 6 days

Due to Pneumococcus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Demetrius H. Zoggia M. D.
Address Johns Hopkins Hospital Date signed 5-13-43

VS 280

G 04312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04312
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Georgia St.
(c) Hospital or institution:
25 + 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Georgia St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed or divorced Widowed

6 (b) Name of husband or wife Mary Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/16/1869

8. AGE: Years 73 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Hopkins
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Morsell
15. Birthplace Md.

16 (a) Informant Bessie Pitchett
(b) Address 2509 Georgia St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Baltimore Co.

18 (a) Funeral director Isaac L. Brown
(b) Address 08 W Monument St

19 (a) MAY 14 1943 (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/1943 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/1943 to 5/11/1943 and that I last saw him alive on 5/11/1943

Immediate cause of death: Chronic Myocarditis — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Hopkins

Address 1410 W. Biddle St. Date signed 5/12/43

G 04313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 04313
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 S. A. Bentalou Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. A. Bentalou Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Farman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jessie M. Farman
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 2/11/1879

8. AGE: Years	Months	Days	If less than one day
64	3	11/10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business City Police Dept

FATHER
12. Name Leonard F. Farman
13. Birthplace Bella, Md

MOTHER
14. Maiden Name Margaret Lee Applegarth
15. Birthplace Reels, Md

16 (a) Informant Jessie M. Farman
(b) Address 5 S. A. Bentalou Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Baltimore, Md.

18 (a) Funeral director E. B. WIPPERT, SON
(b) Address 310 Eastern Ave

19 (a) MAY 14 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1941 to May 11 1943 and that I last saw h[illegible] alive on May 11 1943

Immediate cause of death	Duration
Coronary Occlusion	5/11/43
Due to Myocardiosclerosis	?
Due to Hypertensive Cardio-Vascular Disease	?
Other Conditions Cardiac Hypertrophy	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Carl H. Kostlinger M. D.
Address 1316 W. Lombard St Date signed 5/13/43

VS 180

G 04314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 04314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16½ MOS
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NEW JERSEY (b) County
(c) City or town MONTCLAIR (If outside city or town limits, write RURAL and give town)
(d) Street No. 59 PLYMOUTH ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME EMILY HUGUS TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DECEMBER 4, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	5	19 hr. min.

9. Birthplace NEW YORK Monmouth, N. J. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name HENRY M TAYLOR
13. Birthplace NEW YORK

MOTHER
14. Maiden Name ELEANOR G EWING
15. Birthplace NEW JERSEY

16 (a) Informant MRS. DAVID CULBRETH (SISTER)
(b) Address 11 E. Chase St., City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16/43 (month) (day) (year)
(c) Cemetery or crematory Poughkeepsie Rural Cemetery
Location Poughkeepsie, New York.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) (b)

MAY 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 13 1943, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 12 1943 to MAY 13 1943, and that I last saw her alive on MAY 13 1943.

Immediate cause of death	Duration
CARDIO - RESPIRATORY COLLAPSE	
Due to COMPLETE LEFT HEMIPLEGIA	
Due to CEREBRAL HEMORRHAGE	
Other Conditions ARTERIO SCLEROTIC CARDIO-VASCULAR DISEASE	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jamed Douglas Taylor M. D.
Address Union Memorial Hosp Date signed 5/13/43

434483 G 04315

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04315
CERTIFICATE OF DEATH 1170 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully secured. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 E MADISON (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Estelle Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Div

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-01

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	-	21		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Hughes
13. Birthplace Md

MOTHER
14. Maiden Name Laura Jolly
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 5 16 43
(c) Cemetery or crematory Mt Lock
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (b)
(Date received by registrar) MAY 18 1943 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943. at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943. to May 12 1943 and that I last saw h. B. alive on May 12. 1943.

Immediate cause of death Profuse hemetemesis — Duration
Due to Bleeding peptic ulcer
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 5/11/43
Major findings of operation: Stomach full of blood. No bleeding pt. found.
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. L. Rockett M. D.
Address J.H.H. Date signed

G 04316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 04316

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution: Association Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Old York Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Ann Clubb

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Clubb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1859

8. AGE: Years	Months	Days	If less than one day
84	2	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Estelle Broadbeck
(b) Address 3726 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Ellsworth Dymaco
(b) Address 3911 Liberty Heights Ave

19 (a) 5/14/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 3 05 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1941, to May 12 1943, and that I last saw h alive on May 11 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	2 yrs
Bronchopneumonia	3 d.
Due to Arterio Sclerosis	2 yrs
Hypertension	2 yrs
Due to Chr Interstitial Nephritis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T P O Stevens
Address 3726 Hartford Rd Date signed 5/13/43

VS 110

G 04317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 E

Registered No. G 04317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Corbett
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Hawkins Austin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife John Cummings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1884

8. AGE: Years	Months	Days	If less than one day
58	6	17	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Edwin G. Hawkins
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary Jane Nelson
15. Birthplace Whitehall, Md.

16 (a) Informant Estella Nelson Hawkins
(b) Address Corbett, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1943 (month) (day) (year)
(c) Cemetery or crematory St. James Cemetery
Location Balto. Co. Md.

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1943, at 5-30 A M

21. I certify that I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture - dislocation of 3rd Cervical vertebra: Crushed chest

DUE TO

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/12/43 at 5 A M.
(b) Where did injury occur? Union Memorial Hospital
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped or fell from 3rd floor

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5/17/43

G 04318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 04318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 536 W West St

(c) Hospital or institution: Univerty Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 - 1 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write RURAL and give town)

(d) Street No. 536 W. West St.
(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME SHERMAN DENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Color	—

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/11/42

8. AGE: Years	Months	Days	If less than one day
c	10	29	hr. ..... min.

9. Birthplace c Balto. Md
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name Annette Wenson

13. Birthplace Rockhill South Carolina

MOTHER 14. Maiden Name Annette Smith

15. Birthplace c

16 (a) Informant Annette Wenson

(b) Address 536 West St 5-14-43

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn Md

18 (a) Funeral director Eleby O. Gibson

(b) Address 1 [illegible] Bloomfield Ave

19 (a) [illegible] (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1943 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1943 to 5/10 1943 and that I last saw h[illegible] alive on 5/10 1943.

Immediate cause of death BRONCHOPNEUMONIA

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: DILATED VENTRICLES (ENCEPHALOGRAM)

of autopsy: .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature RKH [illegible] MD

Address University Hospital Date signed 5/10 M. D.

VS 150

G 04319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

Registered No. G 04319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ? Md. (b) County
(c) City or town ? Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? Lombard Line
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Anthony Ratkemanow

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 133-09-7251

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 38?

8. AGE: Years 38? Months Days If less than one day hr. min.

9. Birthplace Not Known (Town, county, and state)

10. Usual Occupation Groom

11. Industry or business Racing Stables

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Harry Batch
(b) Address 2305 Aiken St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Ellicott City, Md.

18 (a) Funeral director E. J. Fahrney & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) 5/14/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12/43 19 , at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/43 19 to 5/12/43 19 , and that I last saw him alive on 5/12/43 19 .

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertensive C. V. Disease	
Due to	
Other Conditions Uremia Chronic Glomerulonephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Goodman M. D.
Address Franklin Sq. Hosp. Date signed

VS 3

G 04320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 04320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Lake Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Yrs.

13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive Apts. (If no street, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES BUKOFZER.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Julius Bukofzer.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1854.

8. AGE: Years 89 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace E. Prussia, Germany. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Cohn,
13. Birthplace E. Prussia, Germany.

MOTHER
14. Maiden Name Phillipine Hammerstein,
15. Birthplace E. Prussia, Germany.

16 (a) Informant Mrs. Rose B. Simpson,
(b) Address Lake Drive Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship.
Location Baltimore, Md.

18 (a) Funeral director David Lowenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) 5/14/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH May 13th. 1943, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to May 1943 and that I last saw her alive on May 13 1943

Immediate cause of death: Cardiac Insufficiency — Duration: 6 mos.
Due to: General Arteriosclerosis, Cardiac Hypertrophy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper
Address 2107 Park Ave. Date signed 5.13.43

VS 3

G 04321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 WILKINS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 ASHTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MILTON L. ROBERTSON

3 (b) If veteran, name war: W
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	N	WIDOWER

6 (b) Name of husband or wife LILLIAN
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace VA. (Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business B. & O. R.R.

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Joseph N. Minnaloon
(b) Address 405 Ridgewood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director Wilhelm & Son
(b) Address 1214 Eutaw St

19 (a) MAY 14 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12- 1943, at 6:45 PM

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert F. Graham M.D.
for Howard J. Madden Medical Examiner.
Date signed 5-14-43 M.D.

VS 151

G 04322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 04322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Fayette
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Ravenere Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Boyce

3 (b) If veteran, name war NA

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Thos. A. Boyce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2nd 1860

8. AGE: Years 83 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace Maryland (Harford Co.)
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business At home

FATHER
12. Name Edward (Unknown)
13. Birthplace "

MOTHER
14. Maiden Name " Pierce
15. Birthplace "

16 (a) Informant Mrs Harvey K. Boyce
(b) Address 3701 Ravenere Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/15/43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Relay Md.

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St. Paul St

19 (a) (Signature of local registrar) **(b)** Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1943 to 5/12 1943, and that I last saw her alive on 5/12 1943.

Immediate cause of death Hypertension cardio vascular renal disease — **Duration**

Due to

Due to

Other Conditions Fracture of left hip

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 9/3
(b) Date of occurrence March 25, 1943
(c) Where did injury occur? Baltimore (City or town) Md. (County) Home (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped and Fell

23. Signature E. J. McKenna

Address Md. Gen. Hosp. Date signed 5/14/43

For R. T. Graham M.D.
Howard P. Maddux M.D.

G 04323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3224 Joone St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Joone St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Widower

6 (b) Name of husband or wife Mary E. Monroe
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1870

8. AGE: Years	Months	Days	If less than one day
72	9		hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Monroe
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Elsie Edwa
(b) Address 3224 Joone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-43 (month) (day) (year)
(c) Cemetery or crematory Pachwood Cem
Location Taylor Ave.

18 (a) Funeral director John L. Miller
(b) Address 2334 Jefferson St.

19 (a) 5/14/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 1943, and that I last saw h alive on 5/11 1943.

Immediate cause of death asthenia — Duration: Long time

Due to Coronari Thromb.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. G. Freedom M. D.
Address 17 S. Broadway Date signed

VS 8

G 04324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04324
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Marshall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V 3 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Marshall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Baumann

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife: Joseph Baumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	9	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: William L. Stone
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Sarah Anne Riley
15. Birthplace: Balto.

16 (a) Informant: Family
(b) Address: 1613 Marshall St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 5/15/43 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Ritchie Highway

18 (a) Funeral director: James L. Kelly
(b) Address: 130 E. Fort Ave.

19 (g) [illegible] (Registrar) Huntington Williams M.D. Registrar

MAY 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to May 13 1943, and that I last saw him alive on May 12 1943.

Immediate cause of death: Diabetic Coma — Duration: 1 Day
Due to:
Due to: Diabetes Mellitus — Duration: Indef.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: R. L. Campbell M.D.
Address: 1644 Hanover St. Date signed: 5/14/43

G 04325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

G 04325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Alice Makel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 9 1912

8. AGE: Years	Months	Days	If less than one day
31	3	3	hr. min.

9. Birthplace Balto Md. (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Makel
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Fannie Holland
15. Birthplace Balto Md.

16 (a) Informant Charles Williams
(b) Address 2619 N. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2221 Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS MAY 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943 at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 12 1943 and that I last saw h[illegible] alive on May 12 1943

Immediate cause of death	Duration
Chronic glomerulo nephritis, uremia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Chronic Glom. Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically 3.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E B Thewill M. D.
Address University Hosp. Date signed 5-12-43

G 04326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04326 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward I. Warsham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Isaiah Warsham

13. Birthplace Richmond Va

MOTHER 14. Maiden Name Amanda Simpson

15. Birthplace Baltimore Md

16 (a) Informant Ida King

(b) Address 119 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs. Katie R Williams

(b) Address 322 N Schroeder St.

19 (a) [illegible] 1943 Huntington Williams

(Date of death) (Signature of attending physician) (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1943 to May 10 1943 and that I last saw [illegible] alive on May 8th 1943

Immediate cause of death: Pulmonary Edema

Due to Nephritis (Chr)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. P. Howell Jr. M. D.

Address 601 Eutaw Pl Date signed May 14 1943

VS 110

04327

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

MJ-81353 **CERTIFICATE OF DEATH** 16 ✓ G 04327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 71
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Haskins, Edward

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1921

8. AGE: Years	Months	Days	If less than one day
22	2	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Megager Haskins
13. Birthplace Virginia

MOTHER
14. Maiden Name Lizzie Horsey
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary cem.
Location Balto Co Md

18 (a) Funeral director Byron Thomas H. Knight
(b) Address 721 Aliquippa St

19 MAY 14 1943 (b) Huntington Williams M.D.
(When received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1943, at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1943 to 5-12 1943, and that I last saw him alive on 5-11 1943.

Immediate cause of death TBC dorsal
Spine & cardiospasm

Duration

Due to Cachexia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Johnny Haas M. D.
Address Balto City Hosp. Date signed 5-13-43

G 04328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54 b

Registered No. G 04328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & 41st Sts.
(c) Hospital or institution Bellagrove, Md. Children's Hospital School, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 82 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3116 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Gertrude Cascio

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/24/41

8. AGE: Years	Months	Days	If less than one day
1	11	20	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

MOTHER FATHER

12. Name Philip Samuel Cascio

13. Birthplace Baltimore, Md.

14. Maiden Name Lorrayne Bull

15. Birthplace Baltimore, Maryland

16 (a) Informant Mother of deceased

(b) Address 3116 E. Balt. St, Balt. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Lipitone

(b) Address 2818 E. Baltimore St.

MAY 14 1943 (Date received by Registrar) (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 7.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 21 1943 to May 13 1943 and that I last saw her alive on May 13 1943.

Immediate cause of death Respiratory paralysis # — Duration 3 days

Due to Cerebral edema and spinal cord pressure (Cervical) (probable) — 1 wk.

Due to Spinal cord tumor — ? 4 mos

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation May 10, 1943

Major findings of operation: Inoperable tumor at C5–Th1 (Spinal cord)

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John Lyford III

Address Children's Hospital School, Baltimore, Md. Date signed 5/13/43 M.D.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 04329

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Hillsdale (If outside city or town limits, write RURAL and give town)
(d) Street No. 7711 Weaver Lane. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1860

8. AGE: Years	Months	Days	If less than one day
82	5	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Hannan
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.

18 (a) Funeral director D. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) May 14 1943 (b) [illegible] Registrar

VS 180.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 2.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 13 1943, and that I last saw him alive on May 13 1943.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Fractured hip, intertrochanteric	8 days
Due to:	
Other Conditions: Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 76/12
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 5 1943 at A M
(c) Where did injury occur? Baltimore (City or town) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Balt. City Hosp (Specify type of place) While at work? Yes.
(e) Means of injury Fell out of bed

23. Signature N. K. Kathleen

Address Balt. City Hosp Date signed May 13 1943 M. D.

For B.C.H. Walkenmeyer
Howard J. Weidein, M.D.

G 04330

G 04330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 W. North Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 W. North Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Catherine Wesley

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	none	Female	White	Widowed

6 (b) Name of husband or wife George W. Wesley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1863

8. AGE: Years	Months	Days	If less than one day
79	7	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Hartlove
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Balla
15. Birthplace Md.

16 (a) Informant Mr. William E. Wesley
(b) Address 3304 W. North Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

MAY 14 1943 (b) Registrar Hattie Victor Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1943, at 8.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943, to May 13 1943, and that I last saw her alive on May 13 1943.

Immediate cause of death

1) ~~Gen~~ Cerebro-Sclerosis
Heart disease
Due to Hypertension

Due to

Other Conditions - Chronic Glomerulo Nephritis.
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: -
of autopsy: None

Duration
5 yrs.
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 5/14/43

G 04331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G 04331

G 04331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 S. Ellenton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 S Ellenton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Fay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 [illegible] 1860

8. AGE: Years	Months	Days	If less than one day
82	5	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Fay
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schrumbe
15. Birthplace Germany

16 (a) Informant Emma Hagan
(b) Address 3027 E. Monument Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 17 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Gay & North Avenue

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3013 E. Monument Street

19 MAY 15 1943 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 5 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to May 14 1943, and that I last saw her alive on May 12 1943.

Immediate cause of death	Duration
Arteriosclerotic & Senile Chr. Interstitial Nephritis	
Due to Myocardial Failure	5-2-43
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Carbon monoxide

23. Signature 542 S. Eaton M. D.
Address Date signed 5-7-43

04332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

G 04332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Eliza Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Baby

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1942

8. AGE: Years	Months	Days	If less than one day
	4	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Baby —
11. Industry or business —

FATHER
12. Name Louis Chase
13. Birthplace Army U.S.A.

MOTHER
14. Maiden Name Mary Rosalie Johnson
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mary Rosalie Johnson
(b) Address St. Mary's Co., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1943 (month, day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn.

18 (a) Funeral director Wendell Dugal
(b) Address 812 S. Highland Ave

19 MAY 15 1943 (Date received by registrar) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 11:30 AM

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Status thymicus — lymphaticus

Due to

Other Conditions (Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 12 1943

04333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S. Broad St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph. Miller.

3 (b) If veteran, name war no.

3 (c) Social Security Account No. none.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24. 1882

8. AGE: Years 60 | Months 6 5 | Days 4 9. 15 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor's Helper.

11. Industry or business

FATHER
12. Name Frank. Malenski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Peterica
15. Birthplace Poland

16 (a) Informant Anna Miller
(b) Address 15 35. Allegania St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18. 1943 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus
Location Edmondson Road

18 (a) Funeral director Rendell Kriegel
(b) Address 312 S. Highland Ave

MAY 15 1943 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1943 at 5 00 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 5-10-43

VS 151

G 04334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Wyanoke Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Malseed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Caroline L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1874

8. AGE: Years 68 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Stock Broker (Retired)

11. Industry or business

FATHER
12. Name David Malseed
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Starrett
15. Birthplace Irelgnd

16 (a) Informant Mrs. Howard Caldabaugh
(b) Address 611 Wyanoke Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/43 (month) (day) (year)
(c) Cemetery or crematory Stone Church
Location Wheeling W. Va.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Hartford Pa. Agt.

19 (a) MAY 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1943, at 3.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1943 to 5-14 1943, and that I last saw him alive on 5-14 1943.

Immediate cause of death: Cardiac Failure — Duration: -
Due to: Chronic Myocarditis — Duration: (?)
Due to: — Duration:
Other Conditions: — Duration:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams E. Cole M. D.
Address 6014 York Road Date signed 5-14-43

VS 150

04335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

C 04335
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's Co.
(c) City or town Hermanville, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Dyson, Mr. Oden M.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1880

8. AGE: Years 62 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Jeff Dyson
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Watts
15. Birthplace Md

16 (a) Informant Margaret L Dyson
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory Holy Face Conv
Location St Mary Co Md

18 (a) Funeral director W. B. Rattenbury
(b) Address Leonardtown St Mary Co Md

19 (MAY 15 1943) (Name of registrar) Hattie Williams Reg

YS: W. Marek 715 Light St.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20- 19 43, to 5-14 19 43, and that I last saw alive on 5-14 19 43

Immediate cause of death: General 3rd peritonitis

Due to perforation

Due to after cholecystectomy

Other Conditions Arteriosclerotic Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation 5-11-43

Major findings of operations: Chronic Cholecystitis

of autopsy Not Obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bryan Jr M. D.
Address St Joseph's Hosp Date signed 5-15 43

G 04336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

Registered No. G 04336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 722 W. Hughes St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Zach Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Sara

15. Birthplace

16 (a) Informant Josephine Hughes

(b) Address 123 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) MAY 15 1943 (Date rec'd by Reg. Bureau) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

35

20. DATE OF DEATH May 10 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acidosis

Due to Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Roland Lee Graham, M.D. Medical Examiner.

Date signed May 11 1943

VS 151

04237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 04337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 695 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 695 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Armstrong Boston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife George (deceased)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1892

8. AGE: Years	Months	Days	If less than one day
51	—	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name — Armstrong
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Nettie Smith (Friend)
(b) Address 666 Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Charles G. Cofer
(b) Address 514 & 1 Calhoun St.

MAY 15 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 11 1943. and that I last saw h[illegible] alive on May 11 1943.

Immediate cause of death: Carcinoma of breast

Duration: 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address [illegible] Date signed 5/12 1943

M. D.

434597
G 04338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 04338
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 N. Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Cox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-23-99

8. AGE: Years	Months	Days	If less than one day
43	8	21	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Lilburn Cox
13. Birthplace Va

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-43 (month) (day) (year)
(c) Cemetery or crematory Mahota Cemetery
Location Richlands Va

18 (a) Funeral director Frank Carwardine
(b) Address 200 E. Chesapeake Hunting for Williams, M.D.

19 (a) [illegible] 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943 at 9 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to May 14 1943 and that I last saw him alive on May 14 1943.

Immediate cause of death Lobar pneumonia, due to Pneumococcus type 18 — Duration 4 days
Due to Bacteremia due to Pneumococcus type 18
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Anderson
Address The Johns Hopkins Hosp. Date signed 5/14/43

G 04339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 N. Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 N. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick M. Kohler

3 (b) If veteran, name war

3 (c) Social Security Account No. 214 14 3384

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Kohler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15. 1881

8. AGE: Years	Months	Days	If less than one day
62 63	1 2	27	hr. min.

9. Birthplace ~~Germany~~ U.S.A. (Town, county, and state)
10. Usual Occupation Special Police
11. Industry or business Canton Co.

FATHER
12. Name George Kohler
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Braun
15. Birthplace Germany

16 (a) Informant William Kohler
(b) Address 440 N Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17.43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Thurlow Lee Hollowell, M.D. Registrar

MAY 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6- 42 to May 12- 43, and that I last saw h[illegible] alive on May 11 43.

Immediate cause of death: Cardiac Insufficiency — Chronic Interstitial nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2916 E 3rd Ave Date signed 5-14-43

(over)

G 04240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1137a

G 04340 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Mt. Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Van Hollen (Louis Henry Van Hollen)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anne M. (Flanagan)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	21	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Carr Lowery Glass Co.

FATHER
12. Name Louis H. Van Hollen
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Elizabeth McCartey
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Anne M. Van Hollen
(b) Address 521 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ~~MAY 15 1943~~ (b) Huntington Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 14 1943, and that I last saw him alive on May 14 1943.

Immediate cause of death Uremia — Duration 5 days

Due to Kidney damage from — 2 yrs

Due to Benign Prostatic hypertrophy and hypertension — 6 months

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Brennan M. D.
Address Mercy Hospital Date signed 5-14-43

G 04341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1147

G 04341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home + Hospital 1507
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 l.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2930 Linden Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Mr John Bittel

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-10-0460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs John Bittel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1889.

8. AGE: Years	Months	Days	If less than one day
53	6	24	23 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Lynner
11. Industry or business Linen - H. A. Warfield

FATHER
12. Name Joseph Bittel
13. Birthplace Penn.

MOTHER
14. Maiden Name Louise Pfeiter
15. Birthplace Md.

16 (a) Informant Church Home Admission
(b) Address Ibid

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 15 1943 Washington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/1943 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1943, to May 14 1943, and that I last saw h.e alive on May 14 1943.

Immediate cause of death Lung abscess.
Due to (over)
Due to
Other Conditions Secondary Anemia.
(Include pregnancy within 3 months of death)
Date of operation April 12, 1943
Major findings of operation Lung abscess Rt.
of autopsy. None

Duration
15 mo.
15 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr David Bacharach M. D.
Address Church Home Hospital Date signed 5/17/43

VS 150

DAVID BACHARACH

G 04342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

G 04342 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jeane St.
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. HOMEWOOD APT. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adelaide Fant

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: FEMALE | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: WIDOW

6 (b) Name of husband or wife HAMILTON S. FANT

6 (c) If alive, give ~~present~~ age, years

7. Birth date of deceased (mo., day, yr.) JAN. 13 1879

8. AGE: Years 64 | Months 4 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name BENJAMIN WORTHINGTON
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name SARAH E MELVIN
15. Birthplace BALTIMORE MD

16 (a) Informant JOHN E ROCHFORT
(b) Address 325 E 25th St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 17 1943 (month) (day) (year)

(c) Cemetery or crematory ATLANTIC City, Cem.
Location PLEASANTVILLE N.J.

18 (a) Funeral director CHARLES F EVANS & SON
(b) Address 116 W MT ROYAL AVE.

19 (a) 5/17/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1943 to 5/14 1943.
and that I last saw ~~her~~ alive on 5/13 1943.

Immediate cause of death Uraemia — Duration

Due to Carcinoma of Urinary Bladder and Uraemia — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Jane M. D.
Address University Hosp. Date signed 5/14/43

VS 180

G 04343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

G 04343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 N. Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 1889

8. AGE: Years	Months	Days	If less than one day
53	9		hr. min.

9. Birthplace Washington, D.C. (Town, county and state)

10. Usual Occupation Minister

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Helen Taylor
(b) Address 1316 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by Registrar) MAY 15 1943 (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 8:20 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic rheumatic endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 13 1943

G 04344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

332

G 04344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2022 Brent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Brent St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Moore

3 (b) If veteran, name war 1917

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Clara M. Moore
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1892

8. AGE: Years	Months	Days	If less than one day
50	5	16	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Clara M. Moore
(b) Address 2022 Brent St

17 (a) Burial (b) Date thereof 5/17/43
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto National
Location Md

18 (a) Funeral director Wed. H. Kelly
(b) Address 1302 Pennsylvania Ave

19 (a) MAY 15 1943
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943, to May 14 1943, and that I last saw alive on May 13 1943.

Immediate cause of death Influenza — Duration 9 days

Due to Broncho Pneumonia — 7 days

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. William Frey M.D.
Address 1928 Penna Ave Date signed 5/18/43

VS 3

G 04345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04345 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1837 E. Chase St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1837 E. Chase St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bettie Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Lynn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1877

8. AGE: Years 66 | Months - | Days 11 | If less than one day hr. min.

9. Birthplace Ludenburg County Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jim Cheatam

13. Birthplace Va.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mary Cole

(b) Address 1837 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A.A. County Md.

18 (a) Funeral director Mrs. Robert E. Elliott Dept

(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to May 12 1943, and that I last saw h alive on May 12 1943

Immediate cause of death: Pulmonary edema — Duration 1 D

Due to Cerebral apoplexy — 12 d

Due to Hypertension — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William H. Long Jr. M. D.

Address 1420 E. Chase Date signed May 15 43

04346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. G 04346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3919 Woodridge Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3919 Woodridge Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORIS E. REINHART

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Earl E. Reinhart
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) August 8, 1915

8. AGE: Years	Months	Days	If less than one day
27	9	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife at Home
11. Industry or business

FATHER
12. Name Louis Hoffman
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Carrie Kinneman
15. Birthplace Balto., Md.

16 (a) Informant Earl E. Reinhart (Husband)
(b) Address 3919 Woodridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Dalton, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 4700-02 S. Charles St.

MAY 15 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Illuminating gas (Carbon monoxide) poisoning	
Due to Mental dependency	
Due to	
Other Conditions Rheumatism, heart disease (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 14, 1943 at 6 A.M.
(c) Where did injury occur? Baltimore Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Kitchen stove

23. Signature H. T. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-14-43

VS 4

G 04347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 04347
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Cloverdale Road
(c) Hospital or institution:
Gaddis Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Brookwood Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Opper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William C. Opper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Kaiser
15. Birthplace Germany

16 (a) Informant Mr. Carl Opper
(b) Address 716 Brookwood Road

17 (a) Burial (b) Date thereof May 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lawrence
(b) Address 1003 W. Baltimore St.

19 (a) MAY 15 1943 (b) Hunting for Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943, at 4:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from abt 1932 to 5/12 1943 and that I last saw her alive on 5/12/43 19

Immediate cause of death	Duration
Diagnosis Brain abscess with general Pneumonia	
Due to	
Due to	
Other Conditions Arteriosclerotic Heart disease (Include pregnancy within 3 months of death)	
Date of operation None	
Major findings of operation	
of autopsy: None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jack A. Hagan M. D.
Address 6 E. Read St. Date signed 5/14/43

G 04348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 04348

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4526 O, Donnell St.
(c) Hospital or institution:
26-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4526 O, Donnell St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Becker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Margaret C. Biemiller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1863

8. AGE: Years	Months	Days	If less than one day
79	9	3	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Dairyman Retired
11. Industry or business

FATHER
12. Name Henry Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Trink
15. Birthplace Germany

16 (a) Informant Edward Becker
(b) Address 4526 O, Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) MAY 15 [illegible] Washington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 13 1943
and that I last saw him alive on May 13 1943

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam A Tod M. D.
Address 1126 Dundalk Ave Date signed May 14

04349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114D

Registered No. G 04349

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days): 25 days
(e) Length of stay in Baltimore (yrs., mos., or days): 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Va. (b) County:
(c) City or town: Reedville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country:

3 (a) FULL NAME: BEAUCHAMP, Fitzhugh

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lena Pruitt
6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): April 20, 1903

8. AGE: Years	Months	Days	If less than one day: hr.	min.
40	-	24		

9. Birthplace: Tibitha, Virginia (Town, county, and state)
10. Usual Occupation: Cysterman - Merchant Seaman
11. Industry or business:

FATHER
12. Name: William Beauchamp
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Annie Ashburn
15. Birthplace: Virginia

16 (a) Informant: Hospital Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-43. (month) (day) (year)
(c) Cemetery or crematory: Tibitha Va.
Location:

18 (a) Funeral director: Wendell E Humphreys.
(b) Address: 1701 N. Broadway.

(c) Date received: MAY 15 1943 Registrar: Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14, 1943, at 10:06 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18, 1943, to May 14, 1943, and that I last saw him alive on May 14 1943.

Immediate cause of death: Lung abscess, right upper lobe

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: As above.

Duration: 16 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: W. S Bran

Address: U. S. Marine Hosp. Date signed: 5/14

G 04350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Scott Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nikodemas Milauskas (Miller)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-9609

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Karalina

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1882

8. AGE: Years	Months	Days	If less than one day
61	3	—	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Karalina Milauskas
(b) Address 111 Scott St.

17 (a) Burial (b) Date thereof 5/17/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ London Park
Location

18 (a) Funeral director Joseph Kaminskas Inc
(b) Address 602 W Lexington St. Balto

19 (a) MAY 15 1943 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1943, at 3 45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Chronic Myocarditis Hypertension

Due to

Other Conditions Cholangiitis, Jaundice

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5-15-43

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

G 04351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 3034 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Howck

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months 7 | Days 5 | If less than one day: hr. — min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Joseph Simpson
13. Birthplace Frederick

MOTHER
14. Maiden Name Jenkinson
15. Birthplace Maryland

16 (a) Informant Mrs Agnes Howck
(b) Address 3034 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Mary M Wardfield
(b) Address 5201 E 22 St

19 MAY 15 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-1943 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to May 13 1943.
and that I last saw her alive on May 13 43.

Immediate cause of death: Hodgkins Disease — Duration: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm B Sylvester M. D.
Address 2802 Harford Rd signed 5-19-43

VS 180

G 04352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

G 04352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DoA University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 688 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Boston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife Ida Smith Boston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1885

8. AGE: Years	Months	Days	If less than one day
57	10	26	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Samuel Boston
FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Annie Hankins
MOTHER 15. Birthplace Baltimore, Md

16 (a) Informant Elizabeth Oliver
(b) Address 684 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

MAY 16 1943 (Date rec'd by registrar)
(b) Hunting Town, Prince Georges, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/1943, at 11.20 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bilateral Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally Medical Examiner.
Date signed 5/12/43.

VS 151

G 04353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G 04353

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos - 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation: State Road Laborer

11. Industry or business

FATHER 12. Name deceased
13. Birthplace

MOTHER 14. Maiden Name deceased
15. Birthplace

16 (a) Informant Hosp. Rec.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 18 43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem.
Location Howard Co. Md

18 (a) Funeral director The W. C. White Co. Inc.
(b) Address Laurel Md.

MAY 16 1943 (Date received by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1943 to 5/15 1943 and that I last saw h[illegible] alive on May 15 1943.

Immediate cause of death: Respiratory failure
Due to: Tuberculosis Lungs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 2 1943 at ? M
(c) Where did injury occur? Jessups, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public road While at work? (Specify type of place)
(e) Means of injury fighting a brush fire
(f) Signature Edward Hargan M. D.
Address University Hospital Date signed 5/15/43

VS 180

Robert Lee Graham M.D.

G 04354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133a

G 04354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town near Aberdeen (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles W. Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1921

8. AGE: Years	Months	Days	If less than one day
21	4	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Wm. C. Bauer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Augusta Muenscher
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. C. Bauer
(b) Address Aberdeen, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Joppa, Md.

18 (a) Funeral director Howard R. McComas
(b) Address Abingdon, Md.

19 MAY 18 1943 (b) [illegible] Williamsport, Md.

VB 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943 to May 13 1943, and that I last saw him alive on May 13 1943.

Immediate cause of death pyelonephritis
dehydration, acidosis,
uremia — Duration

Due to

Due to

Other Conditions Spina Bifida,
old Rupture of Meningocele
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pyonephrosis and pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Hughlay M. D.
Address University Hospital Date signed May 13 1943

C 04355 ✓ C 04355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 St. Margarets St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Elmer Buckspics

3 (b) If veteran, name war

3 (c) Social Security Account No. 180-01-8724

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rachael Buckspics
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-1898

8. AGE: Years	Months	Days	If less than one day
44	10	5	hr. min.

9. Birthplace Ashland, Pennsylvania (Town, county and state)
10. Usual Occupation Ship Joiner
11. Industry or business Bethlehem Steel Co

FATHER
12. Name Gottlieb Buckspics
13. Birthplace Germany

MOTHER
14. Maiden Name Doratha Kleidlein
15. Birthplace Germany

16 (a) Informant Mrs. Rachael Buckspics
(b) Address 3731 St. Margarets St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/16/43 (month) (day) (year)
(c) Cemetery Fountain Springs
Location Ashland City Pa.

18 (a) Funeral director William Rock Inc
(b) Address 129 St. Paul St.

19 MAY 16 1943 Washington, D.C. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to May 14 1943 and that I last saw him alive on May 14 1943.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary thrombosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifton Rosenberg M.D.
Address St. Agnes Hosp. Date signed May 16 1943

VS 150

G 04356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 04356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Osbourne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-98

8. AGE: Years	Months	Days	If less than one day
44	4	17	hr. min.

9. Birthplace Sutton S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Shipyard (Fairfield)

FATHER
12. Name Logan Osbourne
13. Birthplace Sutton S. C.

MOTHER
14. Maiden Name Hattie Wynn
15. Birthplace Sutton S. C.

16 (a) Informant Louise Kupper
(b) Address 649 Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Sumter South Carolina

18 (a) Funeral director Adolph Halstead
(b) Address 918 Druid Hill Ave.

19 MAY 16 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1943 at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to May 12 1943, and that I last saw h/ alive on May 12 1943.

Immediate cause of death Lobar Pneumonia (Bilateral) — Duration 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Wayne M.D.
Address 1 Court and Hospital Date signed May 16 1943

G 04357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04357 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: SINAI Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and the town)
(d) Street No. 1700 N. Lest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) FULL NAME Maria or Maurice A Waxman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Deare
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years 59 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re
11. Industry or business Merchant

FATHER
12. Name Waxman
13. Birthplace R.

MOTHER
14. Maiden Name Waxman
15. Birthplace R.

16 (a) Informant Michael Waxman.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Jack Levin & Co
(b) Address 1739 E. Balto St

19 MAY 16 1943 (Date rec'd by registrar) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 4 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943, to May 15, 1943, and that I last saw h[illegible] alive on May 15, 1943.

Immediate cause of death	Duration
UREMIA	
Due to 1. PNEUMANIA	
2. Left Ventricular Failure	
Due to Hypertensive Cario-Vasc	DISEASE
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Wachsman M. D.
Address Sinai Hospital Date signed 5/16/43

VS 8

DR. I. WACHSMAN

G 04358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

G 04358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeanette Fuseman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/11

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Nurses wife

11. Industry or business

FATHER
12. Name Nagel Kramer
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie —
15. Birthplace Russia

16 (a) Informant Meyer Fuseman
(b) Address 2323 Linden Ave

17 (a) Burial (b) Date thereof 5-16-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Jos. Levin & Bro
(b) Address 1439 E. Balto. St.

19 (a) MAY 16 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 7.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943 to May 15 1943, and that I last saw h. alive on May 15, 1943.

Immediate cause of death: Cerebral Embolus — Duration

Due to Subacute Bacterial Endocarditis

Due to Rheumatic Heart Dis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Wachsman M.D.
Address Sinai Hospital Date signed 5/16/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9. WACHSMAN

G 04359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

✓ G 04359 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution: Mullens & Calvert Lines
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 N. Allendale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-43

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name August R Ross
13. Birthplace Md

MOTHER
14. Maiden Name Helaye Rockwal
15. Birthplace Md

16 (a) Informant Sister Lucille
(b) Address St Agnes Hospital

17 (a) X (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd

18 (a) Funeral director John J Duda
(b) Address 2829 Harford

19 MAY 16 1943 (b) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1943, at 12 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1943 to 5/15 1943 and that I last saw her alive on 5/15 1943

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Cranios M. D.
Address St. Agnes' Hosp. Date signed 5/16/43

VS 150

G 04360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 04360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 99 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 S. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Jean Skarzynski 79615

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Casimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 28, 1916

8. AGE: Years: 26 Months: 5 Days: 16 If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: John Stokes
13. Birthplace: Poland

MOTHER
14. Maiden Name: Anna Shubert
15. Birthplace: Poland

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore, County, Md.

18 (a) Funeral director: George A. Weber
(b) Address: 705 South Ann Street

19 (a) MAY 16 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943 at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1943 to May 14 1943, and that I last saw her alive on May 14 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 15 mos?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H S Harte M.D.
Address Balto City Hosp Date signed 5/15/43

G 04361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04361 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 270 8 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 270 8 Allendale Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta C Randon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola C Randon

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 26 1883

8. AGE: Years 58 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Glass merchant

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace France

16 (a) Informant Mrs Viola C Randon
(b) Address 270 8 Allendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 (month) (day) 1943 (year)
(c) Cemetery or crematory Loraine
Location Rural

18 (a) Funeral director Ullrich Funeral Home
(b) Address 200 W. Baltimore

19 (a) MAY 16 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1943 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1943 to 5-13 1943, and that I last saw him alive on 5-13 1943

Immediate cause of death: Pulmonic Edema — Duration

Due to: Coronary Thrombosis

Due to: Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Hans Bix M. D.

Address 2516 Linton Date signed 5-14-43

G 04362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G 04362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 S Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 S Highland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Kratz

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna M Kratz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/20/1867

8. AGE: Years	Months	Days	If less than one day
76	2	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Retired

FATHER
12. Name — Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant John Kratz
(b) Address 802 S Highland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2104 E. Orleans

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D.

MAY 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 , at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1943 to May 14 1943, and that I last saw h alive on May 13 1943.

Immediate cause of death Chronic Myocarditis Feb 21 — | Duration 1943

Due to | | |

Due to | | |

Other Conditions | | |

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thomas J. Leesman M. D.
Address 3505 Dealton Date signed May 14 1943

G 04363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 715 N Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Thomas Cadd

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma C. Cadd

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 16 1872

8. AGE: Years 70 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Oyster Shucker

11. Industry or business

FATHER 12. Name Benjamin Cadd
13. Birthplace Balto

MOTHER 14. Maiden Name Elizabeth Lynch
15. Birthplace Balto

16 (a) Informant Mrs Emma J Cadd
(b) Address 715 N Pat Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2024 E. Oliver

19 MAY 18 1943 (By Registrar) [illegible] for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1943, at 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to May 14th 1943, and that I last saw him alive on May 7 1943.

Immediate cause of death: Coronary occlusion
Due to arterial hypertension

Due to

Other Conditions Emphysema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration
5/14/43
5 yrs
5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Ronald E. Kellermann M. D.

Address 722 N. Kenwood Ave Date signed May 14 43

G 04264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 W. 23rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 W. 23rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18-1863

8. AGE: Years	Months	Days	If less than one day
79	6	25	hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Va

MOTHER 14. Maiden Name Dolly Elliott

15. Birthplace Va

16 (a) Informant Fannie Sterling

(b) Address 116 W. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co.

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

MAY 16 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1943 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1943, to May 13, 1943, and that I last saw him alive on May 13, 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to High Blood Pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature McDonald Bando M. D.

Address 2445 Dittill Ave. Date signed 5-15-43

G 04365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04365 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 N. Eleventh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Eleventh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morning Glass

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife Christopher Glass

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1888

8. AGE: Years	Months	Days	If less than one day
54 55	9	25	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Green Logan
13. Birthplace Virginia

MOTHER
14. Maiden Name unk
15. Birthplace Virginia

16 (a) Informant Isaac Glass
(b) Address 524 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 16 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

MAY 16 1943 (b)
(Registrar) Hunting for Will Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1943 at 5:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-1943 to 5-12-1943 and that I last saw h alive on 5/11 1943.

Immediate cause of death
Cardio Vascular Renal disease
Due to Lobar Pneumonia
Due to
Other Conditions

Duration
4 days
4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Cashman M.D.
Address 600 N Eutaw Date signed 5/13/43

G 04266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04266 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 McElderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada May Berry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Geo. Berry
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 5-16-1880

8. AGE: Years	Months	Days	If less than one day
62	11	25	hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Wm. Henry Wilson
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant George Berry (son)
(b) Address 1632 McElderry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16th 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery.
Location Cedar Hill Md

18 (a) Funeral director Edwin O Wilson
(b) Address Wood & Brantley

19 MAY 16 1943 Huntington Williams M.D.
(Date received by the local registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1943 at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1943 to 5-13 1943 and that I last saw h e r alive on 5-11 1943.

Immediate cause of death Hypertensive cardio-vascular disease (uremia)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
Sev. yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Brown M.D.
Address 1500 E. Madison St Date signed 5/15/43

Rayner Brown

G 04267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G 04267

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Bank Street
(If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Ford, John Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4176

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Claire Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-1872

8. AGE: Years	Months	Days	If less than one day
69	6	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas B. Ford
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Lannon
15. Birthplace Ireland.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month, day, year)
(c) Cemetery or crematory Mount Calvary
Location Old Frederick Rd.

18 (a) Funeral director John A. McGann
(b) Address 800 E. Baltimore St.

19 (a) [illegible] (Signature of registrar)
(b) Date received MAY 18 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1943, at 7:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12-1943 to 5-14-1943, and that I last saw him alive on 5-14-1943.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to Arteriosclerosis, generalized	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Church Home and Hospital Date signed 5/14/43 M. D.

G 04268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Liberty Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Samuel Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Anna Noble
(b) Address 2515 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cong Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) 1126 W North Ave

MAY 16 1943

19 (a) (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

8.15

20. DATE OF DEATH May 15, 1943, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 19 to 5-15 1943, and that I last saw h[illegible] alive on 5/15/43 19

Immediate cause of death: Acute Cerebral Hemorrhage

Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.

Address 2904 Regal Rd Date signed 5/16/43

Robert Lee Graham M.D.

G 04269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 04269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Mound St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Simon Stokes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Gloucester Co. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Washington
13. Birthplace Gloucester Co. Va

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Gloucester Co. Va.

16 (a) Informant Simon Stokes
(b) Address 1425 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) MAY 18 1943 (b) Registrar

VS 3

Hunter for Williams, M.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943, to May 17 1943, and that I last saw h. P.M. alive on May 9 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days

Due to

Due to Hypertension + Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 5-19-43

G 04370

AB-67746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95B

G 04370 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs. 10 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rayner Meyers or Raymond Myers

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married-Separated

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30-1889

8. AGE: Years	Months	Days	If less than one day
53	6	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name George Meyers
13. Birthplace Md.

MOTHER — 14. Maiden Name Catherine Hughes
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Geo. A. Tinley
(b) Address Fulton & Lafayette

19 (a) (Local registrar) (b) Huntington Williams M.D. (Registrar)

MAY 16 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1943, at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15 1943 to 5-13 1943, and that I last saw h[illegible] alive on 5-13 1943.

Immediate cause of death	Duration
Cardiac failure	7
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Faulton M. D.
Address Balt. City Hosp Date signed 5-14-43

G 04371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd.
(c) Hospital or institution: Mrs. Snyder's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FLORENCE E. HUNTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife William L. Hunter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1871

8. AGE: Years	Months	Days	If less than one day
72	4		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name John H. Snack
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Elizabeth McCombs
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Effie Snack (sister-in-law)
(b) Address 4204 La Salle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 16 1943 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1943, at 1:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 13 1943 to MAY 14 1943, and that I last saw h[illegible] alive on May 14 1943.

Immediate cause of death: Chronic Myocarditis — Duration 15 years (Estimated)
Due to Arteriosclerosis
Due to Hypertension
Other Conditions Terminal uremia, Paraplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. V. Harbold M.D.
Address 4706 Harford Road Date signed 5/15/43

G 04272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 04272 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Maine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Maine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUISA SHEELY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Joseph A. Sheely
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1848

8. AGE: Years 95 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace Hanover, Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Yingling
13. Birthplace Pa.

MOTHER
14. Maiden Name Hannah Wilderson
15. Birthplace Pa.

16 (a) Informant Mr. N. C. Sheely
(b) Address 4313 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Hanover, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registered by

Hunting for Williamsville, Md.

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 13, 1943, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 13 1943. and that I last saw h alive on May 13 1943

Immediate cause of death: Old Age — Duration: d yrs

Due to Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Lamach M. D.
Address 4509 Liberty Hts Date signed May 13

G 04273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 04273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Light street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Light St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Amelia C. Nies

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife George Nies
6 (c) If single, give age years
7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt 64	—	—	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER 12. Name	Louis Barr
13. Birthplace	Balto Md
MOTHER 14. Maiden Name	Kate Unger
15. Birthplace	Balto Md

16 (a) Informant Mrs Daisy Hiss
(b) Address 3114 Rockeby St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross R.C. Location Annapolis Rd.
18 (a) Funeral director Wm F Cahalan & Sons
(b) Address 31 E Lexington St
19 (a) MAY 16 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1943 at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1942 to May 14, 1943 and that I last saw her alive on May 14, 1943

Immediate cause of death: Coronary Thrombosis — Duration 6 days
Due to: Cardiac Hypertension — Duration 2 years
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M. D.
Address 107 East West St Date signed 5/14/43

VS 8

G 04374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04374 Registered No.

46 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 2, 1890

8. AGE: Years	Months	Days	If less than one day
53	2	10	hr. min.

9. Birthplace Somerset County Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jacob L. Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Colmore
15. Birthplace Md.

16 (a) Informant Mary Robinson
(b) Address 1713 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert C. Ellis & Son
(b) Address 1129 N. Caroline St.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

MAY 16 1943
WB 124

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943 to May 1943 and that I last saw h[illegible] alive on May 11 1943.

Immediate cause of death

Gastric Carcinoma

Duration
?

Due to

Due to

Other Conditions Myocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Robinson

Address 312 E 23rd St. Date signed 5-16-43 M. D.

G 04375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G-04374 G-04375 Registered No. 1952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Burton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT MERREL PHILIPS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 29, 1926

8. AGE: Years	Months	Days	If less than one day
17	1	16	hr. min.

9. Birthplace Aberdeen, Md. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Ruby Phillips
15. Birthplace Penna.

16 (a) Informant Mrs. Jane E. Phillips
(b) Address Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns Sons
(b) Towson, Md.

19 (a) MAY 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1943, at 7:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Embolism, fat	
Due to Fracture of right femur (Compound) by surgical operation	5-1-43
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-1-41 at M
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm While at work? (Specify type of place)
(e) Means of injury Fall from tree struck by auto

23. Signature H. H. Williams M.D.
Medical Examiner.
Date signed 5-17-43

VS 6

04376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 W Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 W Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Millie Luvena Kroll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Chas H Kroll 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1879

8. AGE: Years 63 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Same

MOTHER / FATHER

12. Name Warren T Powers

13. Birthplace Baltimore Md

14. Maiden Name Mary C Staub

15. Birthplace Baltimore Md

16 (a) Informant Mrs Geo Traylor

(b) Address 1003 W Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-43 (month) (day) (year)

(c) Cemetery or crematory Loudenslager Funeral Home Location Loudenslager Park Cem

18 (a) Funeral director Charles P Powell (b) Address 1 W Edmondson Ave

19 (a) MAY 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to May 13 1943 and that I last saw h[illegible] alive on May 13 1943.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 5-12-43

Due to ARTERIOSCLEROSIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Nolan M.D. M. D.
Address 68 W Edmondson Ave Date signed 5-14-43

VS 3

04377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. C 04377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 Harlem ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Harlem ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L. McGrath

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2-1862

8. AGE: Years	Months	Days	If less than one day
80	10	14	hr. min.

9. Birthplace Salisbury Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmer

FATHER
12. Name John H. McGrath
13. Birthplace Md.

MOTHER
14. Maiden Name Willie Amy Frazier
15. Birthplace Md.

16 (a) Informant Mrs. Emline Keene
(b) Address 2012 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-1943 (month) (day) (year)
(c) Cemetery or crematory Salisbury Md.
Location

18 (a) Funeral director Holloway & Co
(b) Address Salisbury Md.

19 MAY 17 1943 (Date rec'd by reg.) Town Taylor Williamson Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1943, at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6th 1943, to May 16th 1943, and that I last saw him alive on May 8th 1943.

Immediate cause of death: (a) Uremia Hypertension — Duration: 2 years
Due to
Due to
Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Hammond M.D.
Address 914 Edgewood Ave Date signed May 16 1943 M. D.

VS 3

G 04378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 04378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Inner circle.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Inner Circle
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rutkowski Rutkowski

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Anthony.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	4	hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name John Wojeski
13. Birthplace Poland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Mrs D. Whalley.
(b) Address 1130 Inner Circle.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-H 1601

18 (a) Funeral director Thos F. Kenny
(b) Address 600 Hollins St

19 MAY 17 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943 to May 17 1943, and that I last saw her alive on May 11 1943.

Immediate cause of death

Acute dilitation of heart — Duration: 2 Da.

Due to

Due to Mitral Regurgitation — Duration: Indef.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Campbell M. D.
Address 6 W Hamilton St Date signed 5/16/43

VS 180

04379 HEALTH DEPARTMENT—CITY OF BALTIMORE 04379

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Creek Al St. 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gott

If U.S. Veteran specify WAR

(a) Residence: No. 1009 Creek Al St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Wh

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Etta Gott

6. DATE OF BIRTH (month, day, year) Sept 1 1889

7. AGE: Years 53 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock Co.

10. Date deceased last worked at this occupation (month and year) 5/43

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Gott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lizzie Lavor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Etta Gott

(Address) 1009 Creek Al

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5-19 1943

19. UNDERTAKER Walter R. Lanigan

(Address) 1312 W. Pratt St

20. MAY 17 1943 19 Registrar. Funeral Director, Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name disease causing death, or in deaths from violence, state MEANS and NATURE of injury. (OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 / 15 / 1943

22. I HEREBY CERTIFY, That I attended deceased from 5 / 11 1943 to 5 / 15 1943

I last saw him alive on 5 / 14 1943. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset 5/10/43

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Strauchen M. D.

(Address) 1422 E Lee St

G 04380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. G 04380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Smithson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MABEL COTTMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Albert Cottman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace La Plata Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert Lee
13. Birthplace La Plata Md

MOTHER
14. Maiden Name Elizabeth Hawkins
15. Birthplace La Plata Md.

16 (a) Informant Albert Cottman
(b) Address 644 Smithson St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Archibald Gaffin
(b) Address 210 McCulloh St
(b) Huntington Williams, Mgr
(Signature of local registrar) Registrar

MAY 17 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 8:15 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry (Autopsy, Inspection or Inquiry), find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeier M.D. Attending Medical Examiner.
Date signed 5-17-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 04381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution: Mercy Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 452 N Pattison Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank T. Vadala

3 (b) If veteran, name war	3 (c) Social Security Account No. None
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of ~~husband~~ or wife Mrs. Lola Vadala
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10. 1898

8. AGE: Years	Months	Days	If less than one day
44	8	5	hr. min.

9. Birthplace Norfolk Va
(Town, county, and state)
10. Usual Occupation Tobacco Packer
11. Industry or business Factory

FATHER
12. Name Antonio Vadala
13. Birthplace Italy

MOTHER
14. Maiden Name Rosalia Hawkins
15. Birthplace Va

16 (a) Informant Mrs Lola Vadala
(b) Address 452 N Pattison Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E Fort St

19 MAY 17 1943 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 11:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943, to May 15 1943 and that I last saw him alive on May 15 1943

Immediate cause of death Pneumonia

Due to Flu (Influ)

Due to

Other Conditions Cardio-Vascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. R. Englis M. D.
Address Mercy Hospital Date signed 5/16/43

VS 180

G 04382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. G 04382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1414 N. Chester st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d

(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1414 N. Chester St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence J. Dow

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-16-3873

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mabel V. Dow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16th 1897

8. AGE: Years	Months	Days	If less than one day
45	10	28	hr. min.

9. Birthplace California (Town, county, and state)

10. Usual Occupation Walker

11. Industry or business Carr Lowry Co

FATHER — 12. Name John Dow

13. Birthplace California

MOTHER — 14. Maiden Name Elizabeth ?

15. Birthplace ?

16 (a) Informant Mabel V. Dow

(b) Address 1414 N. Chester St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/17/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 217 St. Paul St

MAY 17 1943 (Date rec'd by Registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1943, at 1.50 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 to May 14 1943 and that I last saw him alive on May 13 1943.

Immediate cause of death Bilateral Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J K Grossman M. D.

Address 1211 Park Ave Date signed May 17 1943

VS 180

G 04383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G 04383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5237 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give county)
(d) Street No. 5237 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward B. Griffin

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Mary Griffin
6 (c) If alive, give ~~her~~ age years

7. Birth date of deceased (mo., day, yr.) Jan 10 1877

8. AGE: Years	Months	Days	If less than one day
66	4	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired Stationary Engineer
11. Industry or business Phila. Schools

FATHER
12. Name (Unknown) Griffin
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie (Unknown)
15. Birthplace Md.

16 (a) Informant Clinton P. Griffin
(b) Address 5237 Reisterstown Rd.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1363 St. Paul St

19 (a) MAY 1 1943 (b) Hutchinson Williams, Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1943 to May 13 1943.
and that I last saw him alive on May 13 1943.

Immediate cause of death	Duration
(a) Coronary Thrombosis	4 hours
Due to (b) Arterio-Sclerotic Heart Disease	5 yrs.?
Other Conditions - Chronic Nephritis	?

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Thompson M.D.
Address 4104 Liberty Hts Date signed 5/14/43

04384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No. C 04384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 N. Stockton St.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Stockton St,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA HAWKINS PARKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1899

8. AGE: Years	Months	Days	If less than one day
43	8	14	hr. min.

9. Birthplace Prince George Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Franklin Hawkins
13. Birthplace Md.

MOTHER
14. Maiden Name Nellie White
15. Birthplace Md.

16 (a) Informant Christine Stevenson
(b) Address 1130 N. Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Frederick Rd Md

18 (a) Funeral director Thos Frazier A Hemsley
(b) Address 578 W Biddle St

19 (a) MAY 17 1943 Registered by [illegible] Washington Millington, M.D.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 15, 1943 19 , at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5-1943 to 5-15-1943 and that I last saw h[illegible] alive on 5-13-1943

Immediate cause of death Chronic Valvulitis — Duration [illegible]

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H. Conjell M. D.
Address 611 N. Carolina Date signed 5-15-43

G 04385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 E. 30th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSALIE ELKINS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1884

8. AGE: Years	Months	Days	If less than one day
58	6	9	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name -- Collis
13. Birthplace N. Y.

MOTHER
14. Maiden Name -- Shy
15. Birthplace N. Y.

16 (a) Informant Mrs. Spencer Hall
(b) Address 3119 Weaver Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 17 1943 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1943, at 11:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to May 1943, and that I last saw h[illegible] alive on May 14 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 10 days

Due to High blood pressure — 10 yrs

Due to Arteriosclerosis — 5 yrs

Other Conditions Coronary Heart disease — 1 yr

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred L. Zimmerman M.D.
Address 9858 Reisterstown Rd. Date signed 5/16/43

G 04386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 04386

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood

(c) Hospital or institution: University Hosp. 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Queen Anne

(c) City or town Centreville

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Goldstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 21, 1943

8. AGE: Years	Months	Days	If less than one day
		22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Herbert Goldstein

13. Birthplace Md.

MOTHER 14. Maiden Name Shirley Levy

15. Birthplace Md

16 (a) Informant Herbert Goldstein

(b) Address Centreville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)

(c) Cemetery ~~crematory~~ Beth Tfiloh

Location Windsor Mill Rd

18 (a) Funeral director Jack Levin Dry

(b) Address 1439 E. Baltimore St.

19 (a) MAY 17 1943 (Date received) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1943, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24, 1943, to May 16, 1943, and that I last saw h[illegible] alive on May 16, 1943.

Immediate cause of death	Duration
Infectious Diarrhea of New Born	2 weeks
Due to	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature W. E. Weeks, M. D.

Address Univ. Hospital, Date signed 5/16/43

VS 250

G 04387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 04387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 FREDERICK AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Frederick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 72 years

3 (a) FULL NAME CHARLES WILLIAM DILL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife ELIZABETH DILL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 19th 1859

8. AGE: Years	Months	Days	If less than one day
83	11	23	hr. min.

9. Birthplace GERMANY.
(Town, county, and state)

10. Usual Occupation FUNERAL DIRECTOR

11. Industry or business

FATHER
12. Name PHILLIP J. DILL
13. Birthplace GERMANY.

MOTHER
14. Maiden Name ELIZABETH REI
15. Birthplace GERMANY.

16 (a) Informant LYDIE E BOEHMER DAUGHTER
(b) Address 3109 FREDERICK AVE

17 (a) BURIAL (b) Date thereof MAY. 17- 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD

18 (a) Funeral director Bernard C Harlan
(b) Address 121 E West St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VR MAY 17 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943. to May 12 1943. and that I last saw him alive on May 11 1943.

Immediate cause of death: Edema of Lungs. — Duration 48 hrs.

Due to

Due to

Other Conditions: Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. K. Campbell M.D.
Address 644 Hanover St Date signed May 13 1943

04388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120B

G 04388 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N. Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Bouldin St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella L. Koerber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Philip Koerber Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1884

8. AGE: Years	Months	Days	If less than one day
58	9	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name William Booth
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Anna Mosher
15. Birthplace Harford Co, Md.

16 (a) Informant Philip Koerber Jr.
(b) Address 622 N. Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 MAY 17 1943 (Date received by Registrar) Henrietta Fox Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14/43 10:21 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 14 1943 and that I last saw her alive on May 1 1943

Immediate cause of death: Intestinal Hemorrhage 2 hr

Due to Ulcerative Colitis 6 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 hr
6 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Trevnigan M. D.
Address 1710 E 33rd St Date signed 5/17/43

Pezzica

G 04389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Md. 2027
(b) Street address 2084 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Edmondson Ave 2027 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Pezzica

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Albert E.

6 (c) If alive, give age 54 yrs

7. Birth date of deceased (mo., day, yr.) Feb 11, 1894 8/13/1893

8. AGE: Years	Months	Days	If less than one day
54 Yrs	3 Mo	2 Da	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation housework

11. Industry or business At Home

FATHER 12. Name Unknown

13. Birthplace Italy

MOTHER 14. Maiden Name Unknown

15. Birthplace Italy

16 (a) Informant Mrs. Lillian Mastrianni

(b) Address 1937 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Old Frederick Rd.

18 (a) Funeral director John J. Cooney & Son

(b) Address 901 Hollins St.

19 (a) MAY 17 1943 (Date received by Registrar) Hunter Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1943, at 2:20 PM

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to Hypertensive Cardio-vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature L. B. McNally M.D. Medical Examiner.

Signed 5/15/43

(over)

Corpse

G 04390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 D

G 04390

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 W. Hughes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) -1885

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Harry Robinson
13. Birthplace Pa

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bertha Saunders
(b) Address 122 W Hughes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 108 W Montgomery St

19 (a) (Date received by Registrar) MAY 17 1943 (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 9 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis

Cardiac hypertrophy & dilatation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 13 1943

G 04391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04391 Registered No. 1226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Carroll Sta.
(c) Hospital or institution:
The Provident Sanitarium - Attd V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Kittery (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Old Armory Way (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elizabeth A. Dennett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	married

6 (b) Name of husband or wife Ralph Dennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-1890

8. AGE: Years	Months	Days	If less than one day
52 53	8	13	hr. min.

9. Birthplace Norfolk Virginia (Town, county, State)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name M. W. Armistead
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Kirn
15. Birthplace Virginia

16 (a) Informant Reba Armistead - sister
(b) Address Seawall Court, Norfolk Va.

17 (a) Burial (b) Date thereof May 18/43
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Portsmouth Va.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 826 Putnam Place, Huntington, W. Va.

19 (a) MAY 18 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1939 to May 16 1943, and that I last saw her alive on May 16 1943.

Immediate cause of death	Duration
a Uremia, collapse	48 hrs
b	
Due to pyelitis ?	14 days ?
Due to Arterial hypertension - Nephritis	6 days
Other Conditions Mania depression - acute exacerbation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lyman J. Brumley M. D.
Address 5702 Freeland Rd. Date signed 5/16/43

VS 1

G 04392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 04392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Barclay St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Barclay St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George W. Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Cora V. Bradley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1859

8. AGE: Years	Months	Days	If less than one day
84	2	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bridge Tender, B & O RR
11. Industry or business retired

FATHER
12. Name James Bradley
13. Birthplace Md.

MOTHER
14. Maiden Name Emily ?
15. Birthplace Md.

16 (a) Informant Mrs. Ruth C. Schoman
(b) Address 1903 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) MAY 17 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942, to May 14 1943, and that I last saw him, alive on May 14 1943

Immediate cause of death: Cardiac decompensation — Duration: 1 day
Due to: arteriosclerosis
Due to: old age
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M. D.
Address 506 E. North Ave. Date signed 5-15-43

VS 150

G 04393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122

G 04393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Harrisburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N. Cameron St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Rev. John Joseph Smyth (Rev. John Joseph Smyth)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1885

8. AGE: Years	Months	Days	If less than one day
57	9	14	hr. min.

9. Birthplace Carran, Ireland
(Town, county, and state)

10. Usual Occupation Priest

11. Industry or business Catholic Church

FATHER
12. Name Philip Smyth
13. Birthplace Crohe Keyh, Ireland

MOTHER
14. Maiden Name Ellen Cahill
15. Birthplace Meilshrian, Ireland

16 (a) Informant Rev. Michael Smyth
(b) Address 2 Willow Ave. Bowie, Md.

Removal - Burial (Burial, cremation, or removal) Date thereof 5/20/'43 (Month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Harrisburg, Pa.

18 (a) Funeral director Harris Funeral Home
(b) Address 1902 Eutaw Place

19 (a) (Signature) (b) Baltimore, Md.

MAY 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1943, at 3.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1943, to 5-16 1943, and that I last saw him alive on 5-16 1943

Immediate cause of death Peritonitis

Due to Post Operative Rupture of Duodenum

Due to

Other Conditions Hernia - post Operative Renal Failure
(Include pregnancy within 3 months of death)

Date of operation 5/10/43

Major findings of operation: Duodenum

of autopsy:

Duration: One day, one day.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. J. Smyth

Address St. Joseph Hosp. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 04394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Pearl St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elkton Brayboy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1912

8. AGE: Years	Months	Days	If less than one day
30	8	25	hr. min.

9. Birthplace Boston, Va (Town, county, and state)

10. Usual Occupation Poultry Work

11. Industry or business

FATHER
12. Name London Brayboy
13. Birthplace N.C.

MOTHER
14. Maiden Name Mamie McClam
15. Birthplace N. C.

16 (a) Informant Rose Rogers
(b) Address 308 Pearl St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Clem
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to May 10 1943 and that I last saw h/e alive on May 10 1943.

Immediate cause of death	Duration
Lobar Pneumonia (Right	Approx. 7 days
Due to (Streptococcus)	
Due to	
Other Conditions Empyema on Right (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Bampfield M. D.
Address Provident Hospital Date signed 5

VS 3

04395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

Registered No. G 04395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or ~~town~~ limits write RURAL and give town)
(d) Street No. 616 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Kopchal (Carlton)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-9339

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 44 | Months | Days | If less than one day hr., min.

9. Birthplace Freetown, Africa
(Town, county, and state)

10. Usual Occupation

11. Industry or business Sorbe. Insulator Corp.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Sena Corbae
(b) Address 616 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hobbs
(b) Address 9 N Dud Hilland

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1943, at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1943, to 5/8 1943, and that I last saw h[illegible] alive on 5/8 1943.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Left heart dilatation	
Due to: Unresolved pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Reason R tap[illegible] Syphilitic myocarditis, Acute bacterial endocarditis, Pulmonary edema

of autopsy

PHYSICIAN: Underline the disease to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. L. Wilson, M.D. M. D.
Address University Hospital Date signed 5-8-43

VS 180

G 04396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

Registered No. G 04396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution: Lydenhurst Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 341 Canal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S.

6 (b) Name of husband or wife

6 (c) If [illegible] - 1939

7. Birth date of deceased (mo., day, yr.) Nov. 18 1939

8. AGE: Years	Months	Days	If less than one day: hr.	min.
3	5	26		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Milton Matthews
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Carrington
15. Birthplace Balto. Md.

16 (a) Informant Mother
(b) Address 341 Canal St. Balto.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 17 1943
(month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location

18 (a) Funeral director Adolphus Holland
(b) Address 9[illegible] Edmondson Ave

19 (a) MAY 17 1943 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1943 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1943, to 5/14 1943, and that I last saw him alive on 5/14 1943.

Immediate cause of death
Myocarditis
Heart Failure
Due to Diphtheria
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M.D.
Address Lydenhurst Hosp. Date signed 5/15/43

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1130

G 04397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md.
(b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1448 Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Harnek 81412

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-5381

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Anne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	13	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation tailor
11. Industry or business

FATHER
12. Name James Harnek
13. Birthplace Austria

MOTHER
14. Maiden Name Rosie
15. Birthplace Austria

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 43 (month) (day) (year)
(c) Cemetery or crematory Holy Rasary
Location German Hill Road

18 (a) Funeral director Stephan J. Featherstone Inc
(b) Address 1000 S. Kenwood Ave

19 MAY 17 1943 Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 9:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to May 14 1943, and that I last saw him alive on May 14 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Hartz M.D.
Address Balto City Hosp Date signed 5/14/43

Morgue G 04398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G 04398
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Duncan St N.E.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Olivia Taylor Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Earl Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation War Dept.
11. Industry or business

FATHER
12. Name Ernest Taylor
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Viola Moore
15. Birthplace Md.

16 (a) Informant Viola Taylor-Mother
(b) Address 1427 Duncan St-Washington

17 (a) Burial (b) Date thereof 5-22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lincoln
Location Wash. D.C.

18 (a) Funeral director Saml. W. Chaney & Son
(b) Address 628 N. Johnson St.

19 (a) MAY 17 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 1:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of chest.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 16 1943 at 1 A.M.
(b) Where did injury occur? 426 W. Biddle St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 16 1943.

G 04399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 04399 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 Somerset St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Aagustin Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Clara Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-05

8. AGE: Years 38 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name William Adams

13. Birthplace Md.

MOTHER 14. Maiden Name Mary ?

15. Birthplace Md.

16 (a) Informant ~~Wife — Clara Adams~~

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A. A. County, Md.

18 (a) Funeral director Joseph B. Lackey Jr.

(b) Address 1130 N. Central Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1943 Interstate for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 2.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to May 16 1943 and that I last saw h- alive on May 16 1943

Immediate cause of death Uremia due to arteriolar nephrosclerosis, advanced stage — Duration 10 days.

Due to hypertensive cardio-vascular disease — 1 year?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hospital Date signed 5/16/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04400 Registered No. G 04400

G 04400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. St Josephs Monastery 3001 W. Fredrick Rd. (If rural give District)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. John Francis (Vanston) C.P.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased mo., day, yr 2/15/75

8. AGE: Years 68 | Months 3 | Days 1 | If less than one day hr min

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business

FATHER
12. Name Samuel Vanston
13. Birthplace Penna

MOTHER
14. Maiden name Bridget Stafford
15. Birthplace Penna

16 (a) Informant (Rector) Rev Celestine C.P.
(b) Address St Josephs Monastery - Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (month) (day) (year)
(c) Cemetery or crematory Location Loganton Penna

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

19 (a) (b)

MAY 17 1943 Registrar, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/1943 to 5/16/1943 and that I last saw him alive on 5/16/1943

Immediate cause of death Hemolytic Staphylococcus Aureus Septicemia — Duration 9 days

Due to (?) Kidney Infection

Due to

Other Conditions Bilateral Hydronephrosis & hydroureter terminal bronchial pneumonia (Include pregnancy within 3 months of death)

Date of operation 4/13/43

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(e) Means of injury

23. Signature Wm. T. Muse
Address Bon Secours Hosp. Date signed 5/16/43

G 04401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04401 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 W. Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 W. Hamburg (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sarah Comager

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75	—	—	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Abraham Comager
13. Birthplace Md

MOTHER
14. Maiden Name Susan —
15. Birthplace Md.

16 (a) Informant Madeshia Walker
(b) Address 42 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 18 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 1402 W Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 43, at 10:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1943, to May 15 1943, and that I last saw h alive on May 15 1943

Immediate cause of death Uraemia
Due to Chronic nephritis
Due to Hypertension
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Crawley M.D.
Address 1111 Fee Date signed May 17 '43

Thurtia for Williams M.D.

G 04402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 S. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rose Bordley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. S. Bordley
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) April 27-1877

8. AGE: Years	Months	Days	If less than one day
66		18	17 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James A. Burns
13. Birthplace Georgetown, D. C.

MOTHER
14. Maiden Name Catherine Thanner
15. Birthplace Balto. Md.

16 (a) Informant Wm. S. Bordley
(b) Address 601 S. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lowell
Location Baltimore Co. Md.

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Bronchiopneumonia and Pulmonary edema — Duration

Due to Congestive heart failure 1 mo. duration

Due to

Other Conditions Hypertensive cardiorenal disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Thorofsky M.D. M. D.
Address Resident Balto Gen Hosp Date signed

VS 180

G 04403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04403
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Perry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 9-42

8. AGE: Years	Months	Days	If less than one day: hr	min
1	2 10	7		

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Stephen Perry
13. Birthplace Va.

MOTHER
14. Maiden Name Bertha Mpusch
15. Birthplace Pa.

16 (a) Informant Arthur C. Mpusch
(b) Address Jessups Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Hanover Md

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel Md

19 (a) (b)
Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 12 05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy/Inspection or Inquiry thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia from eclampsia 2nd degree burns

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May at 16 1943 10 A.M.
(b) Where did injury occur? Jessups, Md
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? No
(d) Means of injury Burned from exploded gas stove

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 16 1943.

G 04404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 04404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 East Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Henry J. Boyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/1898

8. AGE: Years	Months	Days	If less than one day
44	8	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Schultz
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Katharine Meisel
15. Birthplace Baltimore Md

16 (a) Informant Henry J. Boyd
(b) Address 2018 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md

18 (a) Funeral director Howard M. Blight Jr.
(b) Address 4914 Belair Road

19 (a) MAY 17 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943, at 1:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943, to May 17 1943, and that I last saw her alive on May 17 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Lobar Pneumonia

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert T. Scott M.D.

Address Sinai Hospital Date signed 5/17/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd AND Calvert
(c) Hospital or institution: UNION MEMORIAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALT.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 CHATHAM R. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME MARY M. QUEEN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife: FREDRICK E QUEEN
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) JAN. 2. 1871

8. AGE: Years	Months	Days	If less than one day
72	4	13th	hr. ____ min.

9. Birthplace WASHINGTON D.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name GEORGE G. MYERS
13. Birthplace PENN.

MOTHER
14. Maiden Name LUCRETIA LINDSLEY
15. Birthplace WASHINGTON D.C.

16 (a) Informant Miss Margaret L. Myers
(b) Address 4000 Chatham Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington D. C.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 MAY 17 1943 (b) [illegible] Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1943, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14-1943 to 5-16-1943, and that I last saw her alive on 5-16-1943.

Immediate cause of death CARDIO-RESPIRATORY Failure — Duration

Due to HEART Failure & UREMIA.

Due to [illegible]

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howland Edward Day M. D.
Address Union Memorial Hosp. Date signed 5-16-43

G 04406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital
(c) Hospital or institution:
Wyman Park Drive & 31st St., Balto., Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Seminary Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GREEN, James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Sarah Shashon ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 30, 1906

8. AGE: Years	Months	Days	If less than one day
36	11	12	hr. min.

9. Birthplace Savannah, Georgia
(Town, county, and state)
10. Usual Occupation Cook - Merchant Seaman
11. Industry or business

FATHER
12. Name Lawrence Green
13. Birthplace ? Georgia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Georgia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Reilly Slade
(b) Address 4907 Hamilton Road.

19 (a) (b)
MAY 17 1943
VS 114

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1943, at 1:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1943, to May 12, 1943, and that I last saw him alive on May 12, 1943.

Immediate cause of death Acute right upper lobar Pneumonia, Stage, early gray hepatization, duration ---- Marked fatty degeneration of the liver, acute. — Duration: 5 days; 5 days.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations --

of autopsy: As above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bean, Medical Director
Address Medical Officer in Charge
Date signed 5/14/43

Spec.—8-16-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04407 ✓ 83a G 04407

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 519 N. Monroe St ST., — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Guesit Wm. Shifflett

(a) RESIDENCE NO. 519 N. Monroe St ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Eliz. Shifflett

6 DATE OF BIRTH (month, day, and year) Sept 15, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Dept

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dyke, Va.

PARENTS

10 NAME OF FATHER Charles Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucille Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs Mary E. Shifflett
(Address) 519 N. Monroe St.

15 Filed MAY 17 1943 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1943

17 I HEREBY CERTIFY, That I attended deceased from June, 1940, to May 16, 1943

that I last saw h~~im~~er alive on May 16, 1943

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Jack J. Singer, M. D.

19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodside Chapel Cemetery	May 19 1943
UNDERTAKER	ADDRESS
C. Henry Wood	Sykesville, Md.

important. See instructions on back of certificate.

AB- 805844 G 04408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 04408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 1 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Hallie Chenowith (Hallie Gertrude Chenowith)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John (D) (John Edward)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16-1885

8. AGE: Years	Months	Days	If less than one day
57	8	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Robt. Rhodes
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Callahan
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 17 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1943 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1943 to 5-15 1943 and that I last saw her alive on 5-15 1943

Immediate cause of death: Carcinoma of breast — Duration: 2 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Haas M. D.
Address Balto. City Hosp. Date signed 5-15-43

G 04409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04409 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Avalon Ave.
(c) Hospital or institution:

13-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Avalon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES HENRY WETZEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Leila E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1885

8. AGE: Years	Months	Days	If less than one day
57	8	19 21	hr. min.

9. Birthplace Ravenswood, W. Va. (Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Dr. John H. Wetzel
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mollie Raush
15. Birthplace W. Va.

16 (a) Informant Mrs. Leila E. Wetzel
(b) Address 2310 Avalon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Baltimore Balto., Md.

19 (a) MAY 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1929 to April 1943, and that I last saw him alive on about April 30 43.

Immediate cause of death: Coronary Occlusion — Duration: Sudden Death

Due to Coronary arteriosclerosis

Due to

Other Conditions Hypertension mild — 8 yrs
Angina Pectoris - 5 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Hamman M. D.
Address 9 E. Chase St Date signed May 17.

G 04410 G 04410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 Woodbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Woodbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine A. Bankard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry M. Bankard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1881

8. AGE: Years	Months	Days	If less than one day
62	1	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name Henry McGinity
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Shellenberg
15. Birthplace Unknown

16 (a) Informant Mr. Henry M. Bankard
(b) Address 2610 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Wm. J. Tickner & Son,
(b) Address North & Pennsylvania Ave.

19 (a) [illegible] (b) [illegible] Wilmington, N.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/1943 19 at 9.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1943 to May 15 1943, and that I last saw h[illegible] alive on [illegible] 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	5/12/43
Due to	
Due to Chr. Interstitial nephritis	1942
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carrie Brown M.D.
Address 1663 W. North Ave. Date signed 5/16/43

inquG 04411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. G 04411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 17 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date received by Registrar) MAY 17 1943 Huntington Williams, M.D. Registrar

1092

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1943 at 12:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Enquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis

Due to

Other Conditions amyloidosis?

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed March 9 1943

04412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04412
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Franklin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 17 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1943, at 6:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed per Robert Lee Graham M.D.

VS 151

10091

G 04413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 04413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Night 81352

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1896

8. AGE: Years	Months	Days	If less than one day
47	3	24	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation cook

11. Industry or business

FATHER
12. Name Thomas Night
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Lee
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 17 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 17 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1943, at 11:25P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 10 1943, and that I last saw h im alive on May 10 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 1 mo?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hartt
Address Balto City Hosp Date signed May 10

VS 180

F0093

04414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 04414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Newborn
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1943

8. AGE: Years | Months | Days 4 hrs | If less than one day: hr. min.

9. Birthplace Mercy Hospital, Balto, Md (Town, county, and state)

10. Usual Occupation newborn

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name Elsie Stevenson

15. Birthplace Maryland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL MAY 17 1943

18 (a) Funeral director Commissioner of Health

(b) Address

MAY 17 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1943, at 2:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943, to May 8 1943, and that I last saw h[illegible] alive on May 7 1943.

Immediate cause of death asphyxia — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations:

of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Zangara M. D.

Address Mercy Hospital Date signed May 8, 1943

VS 180

F 0094

G 04415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Fells St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Fells St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH IDZIK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1874

8. AGE: Years	Months	Days	If less than one day
69 Yrs	1	21	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Jean Helinski -Daughter)
(b) Address Gov, Ritchie Hwy 1900

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 MAY 17 1943 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wallenmeier M.D. Medical Examiner.
Date signed 5-17-43

VS 181

G 04416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 04416 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 Clarkson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Clarkson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Howard Laughton

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-4433

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Minnie Virginia Laughton (nee Gregory) 6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1906

8. AGE: Years	Months	Days	If less than one day
37	3	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Special Policeman for
11. Industry or business American Brewery

FATHER
12. Name Jamos P. Laughton
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Nellie Wickeline
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Minnie Virginia Laughton
(b) Address 1530 Clarkson St. (White)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400-02 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1943 at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/43 19 . to 5/15/ 1943. and that I last saw him alive on 5/15/ 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 2 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deible, M.D.
Address 1226 Hanover St. Date signed 5/15/43

G 04417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 G 04417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 Lorman ct
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Lorman ct
(If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME Annie R. Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1942

8. AGE: Years	Months	Days	If less than one day
	8	15	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER
12. Name James Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Marie Jones
15. Birthplace Va

16 (a) Informant James Jackson
(b) Address 1622 Lorman Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-43 (month) (day) (year)

(c) Cemetery or crematory
Location Wayson Way

18 (a) Funeral director George A. Nelson
(b) Address 1303 Presstman St

19 (a) MAY 17 1943 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14-43 to 5/16/43 and that I last saw him alive on 5/16/43.

Immediate cause of death Pulmonary Hemorrhage — Duration Weeks or days

Due to —

Due to Pneumonia

Other conditions Capillary Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations V
Of autopsy V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide V
(b) Date of occurrence V
(c) Where did injury occur? V
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? V While at work? V
(Specify type of place)
(e) Means of injury V

23. Signature J. P. Batchelor M. D.
Address 516 N. Carey St

G 04418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G 04418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4714 Norwood Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4714 Norwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie E. Gibson (Gibson)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Thomas H. Gibson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1870

8. AGE: Years	Months	Days	If less than one day
73	0	7	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name — Thomas H. Harvey Tankersley
13. Birthplace — Hearts Island Md.

MOTHER
14. Maiden Name — Biddy A. Storey.
15. Birthplace — Md.

16 (a) Informant Miss Mamie E. Gibson
(b) Address 4714 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1943 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Fleming & Fleming
(b) Address 1416 Light St.

MAY 17 1943 Huntington Williams M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/1943 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1943 to 5/17 1943, and that I last saw h[illegible] alive on 5/17 1943 at 2 P.M.

Immediate cause of death Cardiac failure
Due to Pelvic C.A.
Due to Probable C.A. of Lungs (by metastasis)
Other Conditions Anemia

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Mamie Shaw M. D.
Address Maryland Gen. Hosp. Date signed 5/17/43

VS 3

G 04:13

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04:13 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town) 1734 Johnson St.

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Daniel McQuay 81192

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9698

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1916

8. AGE: Years	Months	Days	If less than one day
26	8	17	hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Mechanic

11. Industry or business

FATHER

12. Name: Ruben McQuay

13. Birthplace: Md.

MOTHER

14. Maiden Name: Fannie Morris

15. Birthplace: Md.

16 (a) Informant: Hospital records

(b) Address: 4940 Eastern Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof May 18-43 (month) (day) (year)

(c) Cemetery or crematory Glen Horsa

Location Pikesville, Md.

18 (a) Funeral director Jas. L. McCauley

(b) Address 130 E. Fayette St.

19 (a) (Registrar) (b) (Registrar)

MAY 19 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 9:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1943 to May 14 1943, and that I last saw him alive on May 14 43

Immediate cause of death: Pulmonary tuberculosis — Duration: 2½ yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. J. Hartz

Address Balto City Hosp Date signed 5/14/43

G 04420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 04420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 Park Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 Park Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Fyffe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Beulah Henderson
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	21	....hr. ....min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cattle Dealer
11. Industry or business

FATHER
12. Name Thomas Fyffe
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Offutt
15. Birthplace Maryland

16 (a) Informant Mrs. Beulah H. Fyffe
(b) Address 837 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Rock Creek
Location Washington, D. C.

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (Date received) MAY 20 1943 (Signature) Hunter Williams, M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 11:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to May 15 1943 and that I last saw him alive on May 15 1943.

Immediate cause of death: Arteriosclerosis — Cerebral hemorrhage — Duration: 3 yrs, 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Jones M. D.
Address 3818 St. Paul St. Date signed 5/16/43

04421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 04421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 E. Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E Montgomery St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ebb Hammond

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 401-28-0064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8-1892

8. AGE: Years	Months	Days	If less than one day
51	23	8 9	hr. min.

9. Birthplace Ky. (Town, county and state)
10. Usual Occupation Newspaper Work,
11. Industry or business News-Pat.

FATHER
12. Name Unknown
13. Birthplace Ky. ?

MOTHER
14. Maiden Name Anna —— ?
15. Birthplace Ky.

16 (a) Informant Thurman Hammond
(b) Address 10 E. Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Garrison
Location Ky.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd.

19 (MAY 18 1943) Justice for Williamsport MD

VS 184 Ind B40.-C40. Excurt

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 - 1943. at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943. May 17 1943. and that I last saw him alive on May 17. 1943.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Earl Pass M. D.
Address 4001 Wilkins Ave. Date signed

04422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 04422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Jane D. Dorry

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1860

8. AGE: Years 82 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Edwin Dorry
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaretta Dungan
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Geo. W. Lindsay
(b) Address 1501 Mt. Royal Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St Paul St

19 (Date rec'd by registrar) MAY 18 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1943, at 11:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943 to May 17 1943 and that I last saw ~~her~~ alive on May 14 1943

Immediate cause of death
Chronic Myocarditis
Due to
Due to
Other Conditions Arteriosclerosis
Chronic Nephritis
(Include pregnancy within 3 months of death)

Duration: 1 yr

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Richardson M.D.
Address 112 W. 25 St Date signed May 18 1943

VS 150

04423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. C 04423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Bayner 80939

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: sep.

6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1900

8. AGE: Years 43 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Bayner
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Minnie Reisner
15. Birthplace Balto Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery Glen Haven
Location A. M. E. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) MAY 18 1943 (Local registrar) (b) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 8.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1943 to May 16 1943, and that I last saw h im alive on May 16 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 6 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Hayes M.D.
Address Balto City Hosp Date signed 5/17/43

G 04424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G 04424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madeira Sts.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED: Delvern
(a) State Md. (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Delverne Road (If rural give location) Delverne
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs Annie E. Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1869

8. AGE: Years	Months	Days	If less than one day
73 74	7	6	hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Homemaker
11. Industry or business

FATHER
12. Name Samuel Godfrey
13. Birthplace Md

MOTHER
14. Maiden Name Annie Gibson
15. Birthplace Md

16 (a) Informant Mrs Albert E. Barker
(b) Address 3725 Delverne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director William Cook Inc
(b) Address 2212 St Paul St

19 MAY 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1943 at 9:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1943 to 5/17 1943, and that I last saw h alive on 5/17 1943.

Immediate cause of death Cardiac failure — Duration
Due to Cerebral arterial
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Maurice Shut M.D.
Address Md Gen. Hosp Date signed 5/19 43

VS 3

04425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 | 0

G 04425

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St

(c) Hospital or institution: So. Balt. Gen'l. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1213 Light St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy B Luczkowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-43

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jos. Luczkowski

FATHER 13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Stefanski

MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Joseph Luczkowski

(b) Address 937 S Fremont Ave

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-18-43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Dorman Hill Rd

18 (a) Funeral director John J Fruda

(b) Address 2829 Hudson St

19 MAY 18 1943 (b) Huntington Williams, M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1943, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1943, to 5-17 1943, and that I last saw h[illegible] alive on 5-17 1943

Immediate cause of death Atelectasis — Duration Hours

Due to Bronchial obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. Andrew Zeller, M.D.

Address 1213 Light St Date signed 5/19/43

[redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04426 Registered No. [redacted]

G 04426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern & Wolfe Sts
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1195 Kossuth St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Doll

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A. Doll

6 (c) If wife, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 18th 1887

8. AGE: Years	Months	Days	If less than one day
55	8	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Operative Builder

11. Industry or business

FATHER
12. Name Louis Doll
13. Birthplace Maryland

MOTHER
14. Maiden Name Ida Lamade
15. Birthplace Maryland

16 (a) Informant Mary A. Doll
(b) Address 1195 Kossuth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director F. S. Shipley & Sons
(b) Address 240 Eutaw Place

19 MAY 18 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 12 40 PM

21. I certify that I took charge of the remains described above, held an Inspection & Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 16 1943

VS 181

G 04427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G 04427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Harlem Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Katie May Dryfoish

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Howard L. Dryfoish

6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) Jan. 24. 1877

8. AGE: Years 66 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William H Harris
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma A. Side
15. Birthplace Balto. Md.

16 (a) Informant Mrs. W. G. Frudenich - (sister)
(b) Address 2429 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-18-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Stewart Mortuary
(b) Address 101 W North Ave

19 (a) (b) Huntington Williams, M.D.

MAY 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943. at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to May 15 1943. and that I last saw h alive on May 14 1943.

Immediate cause of death: Cerebral Hemorrhage of Brain — Duration 1 year

Due to Cause unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Brown

Address 1938 Linden Ave Date signed 5/16/43.

G 04428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04428 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 E 21st St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 E 21st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Kalduff.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1856
8. AGE: Years 86 Months Days If less than one day hr. min.
9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name John McA Carthy
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Kaelin
15. Birthplace Ireland

16 (a) Informant Mrs M Wright
(b) Address 333 E. 21st.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —
18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 32nd St.
19 (a) (Date received by registrar) (b) Registrar

MAY 18 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/1943 at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to 5/14/1943 and that I last saw h alive on 5/14/1943.

Immediate cause of death: Myocardial Insufficiency — Duration: 4 days
Due to: Myocarditis — 4 years
Due to: Senile dementia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F. White M.D.
Address 582 E 22nd St. Date signed 5/17/43

G 04429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address New Sheffield Apt B.1
(c) Hospital or institution: 721 Lake Drive
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. New Sheffield Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Hurwitz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Morris Pear
13. Birthplace Russia

MOTHER
14. Maiden Name Perry ?
15. Birthplace Russia

16 (a) Informant Maurice Hurwitz
(b) Address New Sheffield Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 18 1943 (Date received by Registrar) Wm. M. D.

MEDICAL CERTIFICATION 12.45

20. DATE OF DEATH May 18, 1943 at 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1943 to 5-17 1943. and that I last saw h W alive on 5-17 1943

Immediate cause of death: Acute coronary Thrombosis — Duration
Due to: Acute Heartfailure
Due to: Ch. Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hometein M. D.
Address 733 Aisquith St Date signed 5/18/43

VS 250

G 04430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

G 04430 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Block E Monument st
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 W. Appleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NATHAN SNESIL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Late Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 72 | Months — | Days - | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Merch

11. Industry or business

FATHER
12. Name Michael Snesil
13. Birthplace Austria

MOTHER
14. Maiden Name Debora —
15. Birthplace Austria

16 (a) Informant Benjamin Snesil
(b) Address 1816 N. Bentalou st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton avenue Philia Rd

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

19 (a) MAY 18 1943 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 17 1943, and that I last saw h. alive on May 17 1943.

Immediate cause of death: Cardiac decompensation — Duration

Due to Carcinoma of lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving H. Kaiser M.D.
Address Sinai Hospital Date signed May 17

VS 3

04431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 04431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 681 W. Melberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 681 W. Melberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Levi Wilkens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1893

8. AGE: Years	Months	Days	If less than one day
49	8	25	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Ship yard.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert Wilkins
(b) Address 1411 Division St.

17 (a) Burial (b) Date thereof May 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Co. Md.

18 (a) Funeral Mrs. Ezy. A. Stallard
(b) Address 1631 Druid Hill Ave. Thurston for Williams, M.P.

MAY 13 1943 (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1943, at 8:00 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McKelvey M.D.
Medical Examiner.
Date signed 5/15/43

VS 181

G 04432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

G 04432 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 155 S. Morley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 5-3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 155 S. Morley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Muller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Frederick Muller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10/1868

8. AGE: Years	Months	Days	If less than one day
74	11	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Christina Borth
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Frederick Muller
(b) Address 155 S. Morley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director Harry A. Witzke
(b) Address 401 E. Lanvale Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS MAY 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1943 to May 14 1943, and that I last saw alive on May 14 1943.

Immediate cause of death Chronic Cardio Vascular disease — Duration 2 yrs

Due to

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel Rahn
Address 1735 Poplar Hill Ave Date signed 5/17/43

M. D. B. 1208-0

G 04435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159 G 04433

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Mary Miller

(a) Residence: No. Franklin Square Hospital St., 1904 Williams Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9-43

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			8 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rose Erwine

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. J. Erwine

(Address) 1904 Williams Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 5-18-43

19. UNDERTAKER Jacob Lewis Inc

(Address) 1439 E. Baltimore St

Huntington Williams Mgr.

MAY 18 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1943 to May 17, 1943

I last saw h[illegible] alive on May 17, 1943 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Jacob Hartman M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 04434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04434 Registered No. 1370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days): Just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Dorchester Co.
(c) City or town: Hollands Island (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: PARKS, Lester James

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Sevilla Neeman (dead)
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 28, 1866

8. AGE: Years	Months	Days	If less than one day
76	9	16	hr. min.

9. Birthplace: Somerset Co., Md. (Town, county, and state)
10. Usual Occupation: Merchant Seaman - Captain
11. Industry or business:

FATHER
12. Name: John H. Parks
13. Birthplace: Somerset Co., Md.

MOTHER
14. Maiden Name: Mary E. Whitelock
15. Birthplace: Somerset Co., Md.

16 (a) Informant: Richard A. Parks (son)
(b) Address: 2953 Clifton Ave., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-43 (month) (day) (year)
(c) Cemetery or crematory: St Marys
Location: Hamden

18 (a) Funeral director: A. Reisley Slade
(b) Address: 4907 York Road.

19 (a) (Date received) MAY 20 1943 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 19 43, at 5:10a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1942 to May 14, 1943 and that I last saw him alive on May 13, 1943

Immediate cause of death: Marked arteriosclerosis. Myocardial degeneration, advanced. — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: 12-10-42
Major findings of operation: Cystoscopy: Benign prostatic hypertrophy
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. C. Smith

Address: U. S. Marine Hospital Date signed: M. D. 5-14-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 457

Registered No. G 04435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-12
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4509 Homer Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BLAINE HUTTON ROBINETTE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Stanley E. Robinette
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1882

8. AGE: Years	Months	Days	If less than one day
60	11	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business D. Brown & Sons

FATHER
12. Name Gardner Paxton
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary E. Potter
15. Birthplace Virginia

16 (a) Informant Miss Jessie Hutton (sister)
(b) Address 6 S. Randolph St., Lexington, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Relto., Md.

MAY 18 1943

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1943 to May 15 1943 and that I last saw her alive on May 15 1943

Immediate cause of death Carcinoma of lower Jaw about 9 mo (Duration: 9 mo)
Due to
Due to
Other Conditions Metastatic to glands of neck 9 mo
(include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter J. Niblack M. D.
Address 2220 Garrison Blvd. Date signed May 17 '43

VS 150

G 04436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Edgewood Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Edgewood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HALL ROBERTSON TURNER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elsie Edgar Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1891

8. AGE: Years 52 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace Nanticoke, Md. (Town, county, and state)

10. Usual Occupation Sec'y.

11. Industry or business John Deere Plow Co.

FATHER
12. Name Warren D. Turner
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Elsie E. Turner
(b) Address 3702 Edgewood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 18 1943

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1943, at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1943 to 5/17 1943, and that I last saw h~~e~~ alive on 5/17 1943

Immediate cause of death: Circulatory failure — Duration: sudden

Due to Coronary insufficiency — 2½ hrs.

Due to Arteriosclerotic heart disease & hypertension — yrs.

Other Conditions ? Diabetes mellitus ? Rheumatic heart disease

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Edward Leach M.D.
Address 108 E. 33rd St. Date signed 5/17/43

G 04437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLIVER WILL KELLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-7730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Annie K.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 867

8. AGE: Years	Months	Days	If less than one day
76	0	15	hr. min.

9. Birthplace York Co. Pa.
(Town, county, and state)
10. Usual Occupation accountant - Retired
11. Industry or business Hatter, McNab Co.

FATHER
12. Name George Keller
13. Birthplace York Co. Pa.

MOTHER
14. Maiden Name Charlotte Myers
15. Birthplace York Co. Pa.

16 (a) Informant Mrs. Annie Keller
(b) Address 2849 Cold Spring Lane

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Canadochly - York Co. Pa.
Location

18 (a) Funeral director Leo J. Fahey & Sons
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 10:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 5-17-43

VS 151

G 04438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution Lydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. 27th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent J Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Libby Walsh (was wife)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 1907

8. AGE: Years	Months	Days	If less than one day
36		2	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Construction worker
11. Industry or business

FATHER
12. Name Matthew Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Kennedy
15. Birthplace Ireland

16 (a) Informant Mrs. Alice Walker (sister)
(b) Address Tel - Ov. 8454

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory St. Charles
Location Lutherville

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1631 Light St.

19 (a) (Date received by registrar) (b) Huntington Williamsburg, M.R.

VS 3 MAY 18 19

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1943, at 8:57 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1943, to 5/16 1943, and that I last saw h[illegible] alive on 5/16 1943.

Immediate cause of death Meningococcus Meningitis — Duration 5 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibler M. D.
Address Lydenham Date signed 5/16/43

G 04439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146F

G 04439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3611 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Hudson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephina Rockstroh

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 187?

8. AGE: Years	Months	Days	If less than one day
71	9	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John Grunbauer
13. Birthplace Germany

MOTHER
14. Maiden Name Catharina ?
15. Birthplace Germany

16 (a) Informant Thomas J. Rockstroh
(b) Address 3812 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. A. E. Dupper & Son
(b) Address 2040 Gard or Ave

MAY 18 1943 (Date rec'd by registrar) (b) Huntington Millington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 11:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22/42 19 to 5/16 1943, and that I last saw h.er alive on 5/16/43 19

Immediate cause of death: Acute Cardiac dilatation — Duration

Due to Chronic Myocarditis

Due to Carcinoma of Liver

Other Conditions

(Include pregnancy within three months of death)

Date of operation 3/26/43.

Major findings of operation: Malignancy

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury

23. Signature H. H. Farrell

Address 635 - S. Caton Ave Date signed 5/17/43

VS 150

G 04440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

G 04440
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM STATEN HUDSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Tarboro N. C.
(Town, county, and state)
10. Usual Occupation Defense
11. Industry or business Glenn L. Martin

FATHER
12. Name Louis Staten
13. Birthplace N. C.

MOTHER
14. Maiden Name Rosie Staten
15. Birthplace N. C.

16 (a) Informant Mrs. Rosie Hudson
(b) Address N. C.

17 (a) Burial (b) Date thereof May 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Tarboro Cemetery
Location Tarboro N. Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) MAY 13 1943
(Date received by Local Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943, at 11:45 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-13-43 at 11:15 P. M.
(b) Where did injury occur? corner of Myrtle and Fulton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Revolver - altercation

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-14-43

G 04441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 04441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 George (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Married

6 (b) Name of husband or wife Sena Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1903

8. AGE: Years	Months	Days	If less than one day
39	7	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Glenn L. Martin

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Sena Brown
(b) Address 702 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) [redacted] (b) [redacted] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to May 16 1943.
and that I last saw him alive on May 16 1943.

Immediate cause of death
(a) Lobar Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
7 dy

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify exact place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed May 17 1943

G 04442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 108

G 04442 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Dayfield 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel 9
(c) City or town 129 Orchard Ave. Brkyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward L Younger

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Mannion
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Apr 30. 1869

8. AGE: Years	Months	Days	If less than one day
73	5	14	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name Robt J. Younger
13. Birthplace Balto

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Edw L Younger
(b) Address 129 Orchard Ave Brkyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd

18 (a) Funeral director Thos J Kenny
(b) Address 1600 Hollins St.

19 MAY 18 1943 (Date received by Registrar) (b) Huntingtown Williamsport Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1943, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to May 14 1943, and that I last saw him alive on May 14 1943

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Lusting M. D.
Address St Joseph's Dayf. Date signed 5-17-43

VS 3

G 04443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

G 04443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 N. Mount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 N. Mount (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Carry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Joshua Carry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 57 Months Days If less than one day hr. min.

9. Birthplace Roses, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Proctor Graham

13. Birthplace Essex County

MOTHER 14. Maiden Name Lucy Young

15. Birthplace Essex County Va

16 (a) Informant Joshua Carry

(b) Address 301 N. Mount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Mr. Wilson and Md

18 (a) Funeral director Mrs. Katie R Williams

(b) Address 322 N. Schroeder Ave.

19 (a) Date received (b) Registrar Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1943 at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1943 to 19; and that I last saw h alive on 5/13 1943

Immediate cause of death Cerebral Hemorrhage

Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hamilton Williams M.D.

Address 131 Harlem Ave Date signed 5/14/43

VS 3

G 04444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04444
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 N. Wolfe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie L. Hidey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William C. Hidey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21st. 1875

8. AGE: Years	Months	Days	If less than one day
68	2	25	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER | FATHER
12. Name John W. Gladmon
13. Birthplace Washington D.C.
14. Maiden Name Angeline Duvall
15. Birthplace Howard Co. Maryland

16 (a) Informant Mrs. George D. Renner
(b) Address 1908 N. Wolfe St.

17 (a) Burial (b) Date thereof 5/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Lenahan Funeral Home
(b) Address 7401 Belair Road

MAY 18 1943 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th. 1943, at 2.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h[er] alive on May 16 1943.

Immediate cause of death	Duration
Chronic myocarditis	2 yrs
Due to Arteriosclerotic Cardiovascular or Renal Disease	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel M. Wolfe M. D.
Address 1331 E. North Ave. Date signed 5-17-43

G 04445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04445

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) visitor died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Tangier
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Crockett

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Married

6 (b) Name of husband or wife John Alvin Crockett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Tangier Island (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Petty Shoras
13. Birthplace Tangier Island

MOTHER
14. Maiden Name Mary Shore
15. Birthplace Tangier Island

16 (a) Informant John Crockett (hus)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/43 (month) (day) (year)
(c) Cemetery or crematory Tangier Island
Location Tangier Island

18 (a) Funeral director John A. Bradshaw
(b) Address 531 Main St Crisfield Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943, at 3 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 5/17/43

VS 151

04446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G-04446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S. CONKLIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6-8
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. CONKLIN ST.
(If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE HOLTZMAN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 28 1859

8. AGE: Years 83 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation LABORER
11. Industry or business RETIRED

FATHER
12. Name GEORGE HOLTZMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name KATHERINE UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MARY REYNOLDS (NEICE)
(b) Address 113 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 5/18/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 17 1943 at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to May 17 1943 and that I last saw him alive on May 17 1943.

Immediate cause of death: myocardial degeneration — Duration

Due to: arteriosclerosis

Due to: senility

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1474 Eastern Date signed 5-17-43 M. D.

VS 150

G 04447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 166

Registered No. G 04447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S. Castle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Borkowski

3 (b) If veteran, name war: NO

(c) Social Security Account No. 705 07 1629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	WIDOWER

6 (b) Name of husband or wife: HELEN BORKOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 16 1906

8. AGE: Years	Months	Days	If less than one day
37	2	0	hr. min.

9. Birthplace HOWARD CO. MD.
(Town, county, and state)

10. Usual Occupation CARPENTER

11. Industry or business BALTIMORE & OHIO RR.

FATHER
12. Name FLORIAN BORKOWSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name ROSALIE AUGUSTINIA
15. Birthplace POLAND

16 (a) Informant JAMES BORKOWSKI (BROTHER)
(b) Address 1813 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19/43 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly and Gilen INC.
(b) Address 403 S. WOLFE ST.

19 (a) 5/18/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 2 20 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wounds of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 16 1943 at 2 A M.
(b) Where did injury occur? 512 S. Castle St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed May 16 1943

VS 151

C 04448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 04448

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2638 Boston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2638 Boston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leccie Andrzejewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Felix

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name George Buczinski
13. Birthplace Poland

MOTHER
14. Maiden Name Julia Zagmanski
15. Birthplace Poland

16 (a) Informant Leopard Andrzejewski
(b) Address 2638 Boston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 (a) [redacted] Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1943 to 5/15 1943 and that I last saw her alive on 5/15 1943

Immediate cause of death: Dilatation of Heart — Duration

Due to

Due to

Other Conditions Bilateral pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Felix F. Niemkowicz M. D.

Address 78 79 Easton Ave Date signed 5/17/43

G 04449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 04449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E Hamburg St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie B. Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Marion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1883

8. AGE: Years	Months	Days	If less than one day
60	-	-	hr. min.

9. Birthplace Del
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name David Bushaw
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Marion E Barnes
(b) Address 215 E Hamburg St

17 (a) Burial (b) Date thereof 5/18/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Marsh
(b) Address 715 Light St

MAY 18 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/43 19 at 1:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1943 to 5/15 1943 and that I last saw her alive on 5/15 19 43.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions Hypertension and Diabetes
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Boynton M.D.
Address 203 Polyan Date signed 5/17/43

VS 180

G 04450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1640

Registered No. G 04450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 S. Montgomery St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Montgomery St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Winters

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1906

8. AGE: Years	Months	Days	If less than one day
37	2 1	12	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Pipe Fitter East Electric Co
11. Industry or business

FATHER
12. Name Frederick G Winters
13. Birthplace Balto

MOTHER
14. Maiden Name Wilhelmina Schwarbolz
15. Birthplace Balto.

16 (a) Informant Mrs Wilhelmina Winters
(b) Address William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) MAY 18 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1943, at 4 15 P.M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation —
Hanging.

Due to

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/14/43 at P. M.
(b) Where did injury occur? 121 S. Montgomery St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Suspended by neck from bannister

23. Signature Howard J. Claberis M.D.
Medical Examiner.
Date signed 5/15/43

433008 G 04451

BALTIMORE CITY HEALTH DEPARTMENT X G 04451
CERTIFICATE OF DEATH V137a
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 4 Days 7
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County 5
(c) City or town Rochester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 868 University Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hoyt Renshaw (Henshaw)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Lilyon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-27-71
8. AGE: Years 71 | Months 10 | Days 30 | If less than one day hr. min.
9. Birthplace NY (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business School Teacher
FATHER 12. Name HORACE HENSHAW
13. Birthplace NY
MOTHER 14. Maiden Name ABAGAIL HOLMES
15. Birthplace NY
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 (month) 43 (day) (year)
(c) Cemetery or crematory Griffith Mills Cem
Location Griffith Mills New York St
18 (a) Funeral director Miller & Lemmon
(b) Address 1003 E. Baltimore St
19 MAY 18 1943 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 17 1943, at 4:00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from APR 13 1943 to MAY 17 1943, and that I last saw HIM alive on MAY 17 1943.

Immediate cause of death: Coronary Occlusion — Duration
Due to arteriosclerotic heart disease
Due to
Other Conditions Bundle Branch Block
Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)
Date of operation 4/30/43
Major findings of operations Benign prostatic hypertrophy
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard W. Lemmon M.D.
Address Johns Hopkins Hospital Date signed 5/19/43

VS 280

G 04452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 711 N Chester
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N Chester (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G Gessford

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Cora E Gessford

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 5 1872

8. AGE: Years 71 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Luch Room

11. Industry or business

FATHER
12. Name George W Gessford
13. Birthplace Baltimore

MOTHER
14. Maiden Name Don't Know
15. Birthplace Baltimore

16 (a) Informant Mrs Cora E Gessford
(b) Address 711 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave Baltimore Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) [illegible] Registrar
MAY 18 1943 Huntington Avenue, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943, at 8 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1943 to 5/17 1943 and that I last saw h[illegible] alive on 5/16 1943

Immediate cause of death Cerebral Hemorrhage (Apoplexy) — Duration 6 weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E Madison St Date signed 5/17/43

Correct age in carefully important. Physicians: please write the causes of death clearly and legibly.

G 04453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Market Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kuszmaul 81257

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1886

8. AGE: Years	Months	Days	If less than one day
57	3	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation painter

11. Industry or business

FATHER
12. Name John Kuszmaul
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Benson
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

MAY 18 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1943 at 8:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 30 1943 to May 13 1943 and that I last saw h im alive on May 13 1943.

Immediate cause of death

Pulmonary tuberculosis — Duration 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp Date signed 5/14/43

VS 150

F0099

G 04454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓104a

G 04454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James R. Belue Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 17 1943

8. AGE: Years	Months	Days	If less than one day
—	2	—	hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James Belue
13. Birthplace Kentucky

MOTHER
14. Maiden Name Goldie Kappler
15. Birthplace Kentucky

16 (a) Informant James Belue
(b) Address 1614 Barley

17 (a) Removal (b) Date thereof 5 (month) (day) (year)
(burial, cremation, or removal)

(c) Cemetery Manchester
Location Clay Co. Kentucky

18 (a) Funeral director Williams Cook Inc
(b) Address 1273 St. Paul St

19 MAY 18 1943 Huntington, W. Va.
(Date received by registrar) (Registrar's signature)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943, at 8 45 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Upper Respiratory Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 5/17/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04455
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Chester
(c) Hospital or institution:
Hotel Stafford.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Boston
(If outside city or town limits, write RURAL and give town)
(d) Street No. 41 Woodward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERNARD J. O'CONNOR

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1911

8. AGE: Years	Months	Days	If less than one day
32	3	13	hr. min.

9. Birthplace New Hampshire
(Town, county, and state)
10. Usual Occupation Pianist
11. Industry or business

FATHER
12. Name Cornelius O'Connor
13. Birthplace New York

MOTHER
14. Maiden Name Catherine Deasy
15. Birthplace Mass.

16 (a) Informant Mary O'Connor
(b) Address South Boston, Mass.

17 (a) Burial (b) Date thereof May 21
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location Boston, Mass.

18 (a) Funeral director A. Lee Odell
(b) Address 4644 Tonawanda St.

MAY 18 1943 Huntington Williams M.D.
(Local Registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 10 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism

Due to

Other Conditions No
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A. M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-18-43

Age is especially important. Physician: please write the causes of death clearly and legibly.

G 04456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

G 04456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121. Granby St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121. Granby St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK. CAUDO

3 (b) If veteran, name war: no.
3 (c) Social Security Account No. none

4. Sex: MALE. 5. Color or race: WHITE. 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frances. Caudo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4. 1861.

8. AGE: Years 62 64. Months 1 Days 13 12 If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Baltimore City.

FATHER
12. Name Salvatore Caudo.
13. Birthplace Italy

MOTHER
14. Maiden Name unknown
15. Birthplace Italy

16 (a) Informant Frances Caudo
(b) Address 1121. Granby St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May 19. 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Russell J. Siegel
(b) Address 312 S. Highland Ave.

19 (a) (registrar) (b) [illegible]

MAY 18 1943

VS 104

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1943 at 1.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1943 to 5-16 1943. and that I last saw h[illegible] alive on 5-15 1943.

Immediate cause of death coronary thrombosis. Duration 24 hr.
Due to chronic cardiac asthenia
Due to valvular disease yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Simard M. D.
Address Medical Arts Bldg. Date signed

G 04457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

Registered No. G 04457

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 E. Biddle St. (If rural, give location)
(e) Citizen of foreign country? Biddle (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Perry

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband ~~or wife~~ Frank Perry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 3rd 1875

8. AGE: Years	Months	Days	If less than one day
68	3	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Peter Kaufmann
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wolf
15. Birthplace Md.

16 (a) Informant Mrs. Margaret Mueller
(b) Address 2028 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAY 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at 11:54 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to 5/18 1943 and that I last saw her alive on 5/17 1943

Immediate cause of death Hypertensive cardio-vascular, renal disease — Duration 3 yrs.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Hubert J. Maginnis, M.D. M. D.
Address 1445 N Gay St. Date signed

4458 T.N 52071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs & 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Henry Bowers~~ or Henry ~~Bowers~~ BAUER

3 (b) If veteran, name war: NN
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 8th, 1863

8. AGE: Years	Months	Days	If less than one day
80	3	8	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Butcher
11. Industry or business: Unemployed

FATHER
12. Name: John ~~Bowers~~ BAUER
13. Birthplace: Germany

MOTHER
14. Maiden Name: Edith (Unknown)
15. Birthplace: Germany

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St Paul St

MAY 19 1943 (Date rec'd by Registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1943, at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1940 to 5-16 1943, and that I last saw ~~he~~ alive on 5-16 1943.

Immediate cause of death: Cardiac failure — Duration: Yrs. 7

Due to: Hypertension C.V. disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. K. Rawlins M. D.
Address Balto. City Hosp Date signed 5-18-43

VS 180

G 04459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 Lorraine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Linquist

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	Male	White	UNKNOWN

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace UNKNOWN (Town, county, and state)
10. Usual Occupation SEAMAN
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant MARTIME UNION
(b) Address FLEET AND BROADWAY

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19/43 (month) (day) (year)
(c) Cemetery or crematory Mt Lorrel
Location Mt Lorrel Road

18 (a) Funeral director Lilly & Zeffer INC
(b) Address 403 S. Wolfe St
19 (a) MAY 19 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943, at 2 45 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic hypertensive Degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 5/18/43

VS 161

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. C 04460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Leadenhall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lottie Mason

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years 42. | Months | Days | If less than one day hr. min.

9. Birthplace Va.
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Argyle ?.
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Howard Smith
(b) Address 927 Leadenhall.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location [redacted]

18 (a) Funeral director Walter B. Spriggs
(b) Address 1300 W. Fayette St.

19 (a) (b) Registrar for Williamsport

MAY 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943, to May 18 1943, and that I last saw h[illegible] alive on May 18 1943.

Immediate cause of death: Hypertensive Heart Disease — Duration
Due to
Due to
Other Conditions: Mitral Insufficiency, Right Ventricular Failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Provident Hospital Date signed 5-21-43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 04461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LARGE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2859 Mayfield Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2859 Mayfield Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virgie M. Wanner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Louis H.
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 5, 1886

8. AGE: Years	Months	Days	If less than one day
58	1	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Moylan
13. Birthplace Balto

MOTHER
14. Maiden Name Catherine Harvey
15. Birthplace Balto

16 (a) Informant Louis H. Wanner
(b) Address 2859 Mayfield Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard A. Bauer
(b) MAY 19 1943 2052 Edmondson Rd

19 (a) (Date rec'd by registrar) (b) Huntington W. Russell M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 4:30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1942 to 5/16 1943 and that I last saw h- alive on 5/16 1943.

Immediate cause of death CARCINOMA OF GALL BLADDER — Duration 1 YR.
Due to with metastasis
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Wachter M. D.
Address 6304 Belair Rd. Date signed 5/17/43

VS 180

G 04462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 200 C

G 04462 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 894 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE SAVELL MCVEY alias (FANNIE BELL b F. Williams)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Unknown W

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1870

8. AGE: Years	Months	Days	If less than one day
72	9	5	hr. min.

9. Birthplace Dafford Co., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John McVey
13. Birthplace Unknown

MOTHER
14. Maiden Name Sara ?
15. Birthplace Unknown

16 (a) Informant Welfare Dept.
(b) Address Balto. Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Balto. County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) MAY 19 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1943 at 6 AM PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Undetermined (Body decomposed.)

Due to

Other Conditions Hg

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-12-43

VS 181

G 04463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Hamilton (If outside city or town limits, write RURAL and give town)
(d) Street No. 8307 Old Harford Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LILLIE MAY MISKIMON

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Milton Miskimon

6 (c) If alive, give age: 88 years

7. Birth date of deceased (mo., day, yr.): May 7, 1877

8. AGE: Years 66 | Months ---- | Days 11 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Marion King
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore

16 (a) Informant: Mr. Lee Miskimon
(b) Address: 8307 Old Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore Md.

18 (a) Funeral director: H. Sander & Sons, Inc.
(b) Address: North Ave. & Broadway

19 (a) MAY 19 1943 (b) Hunting for Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18 1943, at 7-5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to May 18 1943, and that I last saw her alive on May 18 1943.

Immediate cause of death: Diabetic Acidosis — Duration: 2

Due to: Diabetes Mellitus — Duration: 18 years

Due to:

Other Conditions: Asthmatic Bronchitis
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuesting M. D.
Address: St. Joseph's Hosp. Date signed: 5-18-43

VS 2

FORMS WILL BE RETURNED, WHEN UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04464 (Registered No.) 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Balto Gen Hospt. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Springdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Arnheimer. (DAVID ARNHEIMER)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Rebecca Arnheimer Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11/1865

8. AGE: Years 77 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Isaac Arnheimer
13. Birthplace Germany.

MOTHER
14. Maiden Name Julia -
15. Birthplace Germany

16 (a) Informant Mrs. Sadie D. Krieger
(b) Address 3508 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1943
(c) Cemetery or crematory Ohel Shalom Cemetery
Location

18 (a) Funeral director J. Krieger & Co
(b) Address 2413 Reisterstown Rd

19 (Date received by local registrar) MAY 19 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18 1943, at 1:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 5-18 1943.

Immediate cause of death: Cardiac failure — Duration

Due to Arteria-Sclerotic heart disease

Due to

Other Conditions Gangrene of left leg

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Gangrene of left leg

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Jackson Zeleb

Address 1213 Eutaw Pl. Date signed 6/8/43

VS 189

G 04465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 04465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital 23-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 W. Cross St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Otis Hammock

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Charles Hammock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1903

8. AGE: Years	Months	Days	If less than one day
39	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sam Walker
13. Birthplace Ga

MOTHER
14. Maiden Name Matte Meadows
15. Birthplace Ga

16 (a) Informant Matte Meadows (M
(b) Address 149 W Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location a a Co Md

18 (a) Funeral director Isaiah L Brown
(b) Address 108 W Montgomery St

19 (a) [illegible] (Date rec'd by Registrar) MAY 19 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943 at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to May 17 1943, and that I last saw h[illegible] alive on May 17 1943.

Immediate cause of death	Duration
Heart Failure (Cardiac decompensation)	
Due to Pericardial effusion	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. McMillan M. D.
Address University Hosp Date signed 5/17/43

VS 180

G 04466
AB- 81419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

G 04466
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 151 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~2~~ 9/15/84

8. AGE: Years	Months	Days	If less than one day
~~55~~ 58	7⅞	~~29~~ 29	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Helen ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Q & S Md

18 (a) Funeral director Isiah L. Brown & Sons
(b) Address 108 W. Montgomery St

19 MAY 19 1943 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1943, at 5:39 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1943 to 5-14 1943 and that I last saw h alive on 5-14 1943.

Immediate cause of death Emaciation, dehydration, Anuria — Duration

Due to Generalized arteriosclerosis & Renal changes

Due to

Other Conditions Gangrene left foot

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Haase
Address Balt City Hosp. Date signed 5/17/43

VS 180

G 04467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 567

G 04467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N. Stricker Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Bush

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married —

6 (b) Name of husband or wife Wilson D. Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1897

8. AGE: Years	Months	Days	If less than one day
45	10	13	hr. min.

9. Birthplace Dc. Marys Co. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Bob. Butler
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Wilson Bush
(b) Address 204 N. Stricker St

17 (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAY 19 1943 Huntington Williams MD
(Date received by Local Registrar) (Signature of Local Registrar)

VR 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943, at 2 20 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to last death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Meningioma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 5/17/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Unpaid G 04468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166 G 04468
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 19-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S. Vincent St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cleveland Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-3750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Jessie Thomas
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1912

8. AGE: Years	Months	Days	If less than one day
30	9	20	hr. min.

9. Birthplace Forke Head Co.—Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Hannie Thomas
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Slaughter
15. Birthplace Va.

16 (a) Informant Jessie Thomas
(b) Address 306 S. Vincent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 2:30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of abdomen

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 16 1943 2:10 A.M.
(b) Where did injury occur? In front of 1310 Edmondson Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 16 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C

Registered No. C 04469

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 Etting St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Taylor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband ~~or wife~~ Charles Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	18	hr. min.

9. Birthplace Essex County, Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Taylor
13. Birthplace Essex Co., Va

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Essex Co., Va.

16 (a) Informant Goldie Taylor
(b) Address 949 Etting St

17 (a) Burial (b) Date thereof 5-19-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3129 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1943, at 6.15 P.M.

21. I certify that I took charge of the remains described above, held an inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Rheumatic Cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 5/15/43.

AACo. 5-H 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04470 — CERTIFICATE OF DEATH — 132 — G 04470

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Aliquippa St., Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ella Bayey

(a) Residence: No. 112 Aliquippa St., 5-1 Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: 0

6. DATE OF BIRTH (month, day, year): May 13, 1878

7. AGE — Years: 65 | Months: 0 | Days: 0 | If LESS than 1 day, hrs or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Richard Boyce

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia —

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. William Harcum (Address) 1603 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Arlington Mem. Date: May 19, 1943

19. UNDERTAKER: Mrs. Kate R. Williams (Address) 1603 Madison Ave

MAY 19 1943

20. FILED ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1943 to May 13, 1943

I last saw her alive on May 13, 1943 death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: 7 / 1

(Other contributory causes of importance)

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ____ If so, how?

(Signed) H. Leppert, M. D.

(Address) 628 Frankford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 04471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1710 G 04471 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Llewellyn St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Young

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1887

8. AGE: Years 55 56 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry T. Young
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth H. Harris
15. Birthplace Md

16 (a) Informant Emma Browne
(b) Address 1613 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1804 N. Central Ave

19 (a) MAY 19 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1943, at 7 50 P.M.

21. I certify that I took charge of the remains described above, held an partial autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Subdural
Hematoma of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 14 1943 11 P.M.
(b) Where did injury occur? 1029 N. Wolfe St
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury struck by street car

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed May 16 1943

G 04472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1820

G 04472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Belvedere St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT LEE HICKS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-12-43

8. AGE: Years	Months	Days	If less than one day
	4	6	hr. min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Hicks
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Boone
15. Birthplace Va.

16 (a) Informant Dorothy Hicks
(b) Address 1428 Belvedere St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md

18 (a) Funeral director Joseph V. Lacky, Jr.
(b) Address 1304½ Pennsylvania Ave, Huntington Woodlawn, Md

19 (a) MAY 19 1943 (Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at 2 30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
asphyxiation, probably
smothering in bed clothes

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-18-43 a. M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farms, industrial place, in public place? home While at work? —
(d) Means of injury smothering in bed clothes

Signature H. L. Wollammer M.D.
Asst Medical Examiner.
Date signed 5-18-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 44aG 04473

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto 2

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1519 N. Pulaski St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME WILLIAM REZNICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Dodie –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Junk Dealer

11. Industry or business

FATHER

12. Name Simon –

13. Birthplace Russia

MOTHER

14. Maiden Name Ida Molly –

15. Birthplace Russia

16 (a) Informant Aaron Reznick

(b) Address 1519 N. Pulaski St

17 (a) burial (b) Date thereof 5-19-43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location Herman Hill, Rd.

18 (a) Funeral director Jacob Lewis Inc

(b) Address 1739 E. Balto St

19 (a) Huntington Williams, M.D.

Registrar

MAY 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 19 1943.

and that I last saw h. alive on May 19 1943

Immediate cause of death

Myocardial infarction

Due to Coronary occlusion

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Irwin H. Kaiser

Address Sinai Hosp Date signed 5/19/43

M. D. S. 1208-0

G 04474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1310 G 04474

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Montford Ave St., Ward)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S. If of foreign birth 51 yrs. mos. da.

2. FULL NAME Lovia Issaqs

(a) Residence: No. 104 N. Montford Ave St., 6-3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Isaacs

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lupa China Isaacs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lupa —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Belda Fox (Daughter)
(Address) 104 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 5-19- 19 43

19. UNDERTAKER Jack Leura Inc.
(Address) [illegible]

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18th, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1943 to May 16th 1943

I last saw alive on May 14th, 1943. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Extensive nephritis	?
arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? nev If so, specify

(Signed) H. J. Sanker M. D.

(Address) 100 N. Milton Ave

G 04475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04475

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 E. Lafayette ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1820 E. Lafayette ave. Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alois ~~Weinhold~~ Weinhold

3 (b) If veteran, name war: World War 1
3 (c) Social Security Account No. 216-03-2117

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband or~~ wife Evelyn Kent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26th 1899

8. AGE: Years	Months	Days	If less than one day
44	3	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Structural Iron Worker
11. Industry or business

FATHER
12. Name Arthur Weinhold
13. Birthplace Germany

MOTHER
14. Maiden Name Maggie Norman
15. Birthplace Germany

16 (a) Informant Mrs. Evelyn Weinhold
(b) Address 1820 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 MAY 19 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1943, at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Disease
Due to
Other Conditions Myocardial Fibrosis (Aging)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Moldeen M.D.
Medical Examiner.
Date signed 5/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G 04476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04476 Registered No. 1220

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Madison + Fairfield
(b) Street address 621 S. Tolna St.
(c) Hospital or institution: Maryland Gen. Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 621 S. Tolna
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Mary Dobry

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rose Roden (daughter)
(b) Address 621 S. Tolna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or Crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAY 19 1943 Hunting for Relatives, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/43 19 , at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 19 43 to 5/19 19 43.
and that I last saw h[er] alive on 5/19/43 19 .

Immediate cause of death Interstinal Obstruction — Duration

Due to strangulated umbilical hernia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations strangulated umbilical hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Md. Gen. Hosp. Date signed 5/19/43

G 04477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15 I
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 N. Belmont Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Barrett

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 – 1880

8. AGE: Years	Months	Days	If less than one day
62	6	10	hr. min.

9. Birthplace Goochland Co Va (Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business

FATHER
12. Name Bailey Barrett
13. Birthplace Goochland Co Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Nancy Doggett
(b) Address 1534 N. Elmer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1943 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Arlington Md

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) (Date rec'd by registrar) (b) Hunter for Baltimore, Md.

VS 15 MAY 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 – 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio - Vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 5/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13C

G 04478 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 E 20½ th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

12-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 E. 20½ th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Sterling

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Yrs	Months	Days	If less than one day
42			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Sterling
13. Birthplace Md

MOTHER
14. Maiden Name Mary Sterling
15. Birthplace Md.

16 (a) Informant Cecil Sterling
(b) Address 2533 Wood Brook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

MAY 19 1943
(Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH May 16 1943, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed May 16 1943.

VS 151

G 04479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

G 04479 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 Washburn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Olive St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine D Bruce

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-01-5673

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Granville Bruce
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1875

8. AGE: Years 67 | Months 6 | Days 25 | If less than one day: hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Edward Bare
13. Birthplace Holland

MOTHER
14. Maiden Name Catherine Kolb
15. Birthplace Germany

16 (a) Informant Mr. Lee Pritzker (Son-in-law)
(b) Address 3929 Bronston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location B.A.Co., Md.

18 (a) Funeral director G. Bouvard Evans
(b) Address 1400-02 St. Charles St.

19 MAY 19 1943 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1943, at 7:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to May 18 1943, and that I last saw her alive on May 18 1943

Immediate cause of death: Abdominal Carcinoma with metastasis

Duration: 2

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hoyt Latham

Address 320 Cathedral Date signed 5/19/43

G 04480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40 S. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benny Collison

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-12-3576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1899

8. AGE: Years	Months	Days	If less than one day
44	-	4	hr. min.

9. Birthplace St. Mary's Co., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Collison
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Salle
15. Birthplace Md.

16 (a) Informant Gertrude Conlison
(b) Address 40 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy B. Wilson
(b) Address 1000 Bland Lane
19 (a) Date received by Local Registrar MAY 19 1943 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943, at 10 40 AM

21. I certify that I took charge of the remains described above, held an Inquisition & Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Syphilitic aortitis
A neurysm of aorta
Burns
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 16 1943.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. G 04481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution: St. Agnes Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2029 Cataw Place (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Anna L. Dix

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John C. Dix | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-61

8. AGE: Years 82 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md. (City, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Thomas B. Gaither
13. Birthplace Md.

MOTHER 14. Maiden Name Mary D. Zacharey
15. Birthplace Md.

16 (a) Informant Clarence O. Dix
(b) Address 2029 Cataw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1943 (month) (day)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 900 Cataw Place

19 (a) 5/19/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 , and that I last saw h alive on 19

Immediate cause of death
Peritonitis
Due to Ruptured Appendix
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Lonkey M.D.
Address St. Agnes Hosp. Date signed 5/19/43

VS 150

G 04482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 04482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutheran Sem. Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-1-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Jackson Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Krebs

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice M. Betz

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 4, 1877

8. AGE: Years	Months	Days	If less than one day
66	2	13	hr. min.

9. Birthplace Switzerland
(Town, county, and state)

10. Usual Occupation Waitman
11. Industry or business B. & O. R.R.

FATHER
12. Name V.
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Leon A. Krebs
(b) Address Bowie Md.

17 (a) Cremation (b) Date thereof Mar 19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) 5/19/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17-1943, at 6:53 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5/18/43

VS 151

G 04483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 B

G 04483
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sedonia W. Nickles
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60	9		hr. min.

9. Birthplace Trappe Md (town, county, and state)
10. Usual Occupation home work
11. Industry or business

FATHER
12. Name "
13. Birthplace "

MOTHER
14. Maiden Name Ella Hopkins
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Arbutus Balto Co Md

18 (a) Funeral director John A. Mitchell
(b) Address 1900 Eutaw Place

19 MAY 19 1943 Washington Williamsport Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 18 1943, and that I last saw h[illegible] alive on May 18 1943.

Immediate cause of death Respiratory failure — Duration

Due to pulmonary edema

Due to Cardiac failure

Other Conditions arteriosclerosis anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of Stomach metastasis to liver
of autopsy: + lungs + Heart Kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Thaetler
Address Johns Hopkins Date signed 5/18/43

G 04484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1116 Registered No. G 04484

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 4-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ranelagh (If outside city or town limits, write RURAL and give town)
(d) Street No. 5902 Kenwood Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Johanna Jasonis. (Johanna Jasonis)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Vincent Jasonis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/14/1893

8. AGE: Years	Months	Days	If less than one day
49	10	4	hr. min.

9. Birthplace Tremont Pa (Town, county, and state)
10. Usual Occupation Housework at Home
11. Industry or business

FATHER
12. Name Albert Skeltas
13. Birthplace England Pa

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Pa

16 (a) Informant Mr. Vincent Jasonis
(b) Address 5902 Kenwood Ave. Ranelagh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Sassaman Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1943 at 1 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1943 to 5/18 1943, and that I last saw h[illegible] alive on 5/18 1943.

Immediate cause of death	Duration
Septicemia from Gangrene of Lt Arm (5/17/43) due to P.O. following Esophagectomy (3/9/43)	
Due to Esophageal obstruction	
Other Conditions Gastrostomy 2/1/43 (Include pregnancy within 3 months of death)	

Date of operation 5/17/43
Major findings of operation: Benign Esophageal obstruction
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Lawrence Kellogher M.D.
Address Mercy Hosp Date signed 5/18/43

G 04485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2641 EDMONDSON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2641 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN H. LENZ.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife EMMA M. LENZ

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY 19 1859

8. AGE: Years 83 | Months 11 | Days 30 29 | If less than one day hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation RETIRED AUDITOR

11. Industry or business

FATHER 12. Name HENRY. LENZ

13. Birthplace GERMANY.

MOTHER 14. Maiden Name ADELAID RADECKE

15. Birthplace GERMANY

16 (a) Informant ELMER LENZ

(b) Address 2641 EDMONDSON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 20-43 (month) (day) (year)

(c) Cemetery or crematory ST PAULS CEMETERY

Location VIOLETSVILLE MD

18 (a) Funeral director MRS CHAS. A. G. RONDE

(b) Address 2327 EDMONDSON AVE

19 (a) MAY 19 1943 (Date received by Registrar) (b) Registrar

Thanks for Notice, [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY. 18. 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1943 to May 18 1943 and that I last saw h[illegible] alive on May 17 1943.

Immediate cause of death (a) Myocardial insufficiency with congestive failure, Arteriosclerotic heart disease — Duration 6 months

Due to (b) Generalized arteriosclerosis — Duration several years

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel M. D.

Address 2901 Edmondson Ave Date signed May 19 43

G 04486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

G 04486 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S.Conkling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S.Conkling St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Peter Fusz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary C.Panhatik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct.10,1876

8. AGE: Years	Months	Days	If less than one day
66	7	7	hr. min.

9. Birthplace Hungary
10. Usual Occupation Sheet metal worker Retired
11. Industry or business

FATHER
12. Name not known
13. Birthplace Hungary

MOTHER
14. Maiden Name not known
15. Birthplace Hungary

16 (a) Informant Mary C.Fusz
(b) Address 106 S.Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway

19 (a) (b)

MAY 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1943, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1943 to 5/17 1943 and that I last saw ~~him~~ alive on 5/3 1943.

Immediate cause of death	Duration
Cardiac Decompensation	2
Due to Chronic Asthma	26 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Barkel
Address 639 S. Conkling Date signed 5/19/43

G 04487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04487 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 Webster st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 Webster st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luke W. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0321

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elizabeth A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10- 1881

8. AGE: Years 62 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Balto. Transit Co.

FATHER
12. Name William J. Clarke
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Hopkins
15. Birthplace

16 (a) Informant Margaret C. Clarke
(b) Address 1332 Webster st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flannery & Flannery
(b) Address 1416 Light st.

19 (Date received) MAY 20 1943 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1943, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1943, to 5-19 1943, and that I last saw him alive on 5-14 1943.

Immediate cause of death: Chronic Myocardial Degenerat — Duration 2 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Scollod M.D.
Address 707 Fort Ave. Date signed 5-19-43

VS 8

G 04488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 04488

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 Jackson Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Jackson Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Philip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Ausria
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Harry Schoenwald
13. Birthplace Austria

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Austia

16 (a) Informant Mrs Flora Frankel
(b) Address 110 Jackson Place

17 (a) Burial (b) Date thereof May 19, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 MAY 20 1943 Registrar
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 1939 to May 19 1943
and that I last saw her alive on May 18 1943.

Immediate cause of death Myocarditis

Due to arteriosclerosis & diabetes

Due to Pneumonia

Other Conditions old age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Irvin J. Spear M.D.
Address 928 N Charles St Date signed 5/20/43

IRVIN J. SPEAR, M.D.

04489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04489
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E. Monument st
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Violet ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Mechanick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name Nachum Mechanick
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Mendel
15. Birthplace Russia

16 (a) Informant Mrs. Jean Forman
(b) Address 3642 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1774-26 W. North ave

19 MAY 20 1943 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/43, 1943, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1943, to 5/19 1943, and that I last saw him alive on 5/19 1943

Immediate cause of death: Pulmonary embolism (a)

Due to

Due to

Other Conditions: Hypertensive cardiovascular disease

(* Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max R. Gulkstein M. D.
Address Sinai Hospital Date signed May 19/43

04490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04490

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1954 Walbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1954 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE M. CONLON

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1868

8. AGE: Years	Months	Days	If less than one day
74	6	1	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Andrew Conlon
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Leonard
15. Birthplace Ireland

16 (a) Informant Miss Margaret A. Norton
(b) Address 633 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery or crematory St. Peter's Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 20 1943 (Date rec'd by Registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1943 to 5/17 1943 and that I last saw h or alive on 5/17 1943

Immediate cause of death	Duration
Broncho-Pneumonia	2 days
Due to Chronic Myocarditis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Lewis
Address 601 N. Broadway Date signed 5/19/43 M.D.

VS 180

04491

HEALTH DEPARTMENT—CITY OF BALTIMORE

04491

CERTIFICATE OF DEATH

95c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Newland Rd St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Elvina Peeke

If U. S. Veteran specify WAR

(a) Residence: No. 3527 Newland Road St., 12-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 17, 1943

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Esther Prince

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. George F. Smith

(Address) 3527 Newland Ave.

18. BURIAL, ~~CREMATION, MAUSOLEUM~~

Place Druid Ridge Cem Date 5/20/43, 19

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Balto., Md.

20. MAY 20 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1942, to May 17, 1943

I last saw h alive on May 17, 1943 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Acute Dilatation of heart with pulmonary Edema	5/17/43

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — denied Date of

What test confirmed diagnosis? Coroner Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Kluck, M. D.

(Address) 715 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 04492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04492

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days) 24yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Weston.

3 (b) If veteran, name war: none.

3 (c) Social Security Account No. 218-05-0842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male.	White.	Married.

6 (b) Name of husband or wife Ashia Weston.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10 - 1876

8. AGE: Years	Months	Days	If less than one day
66	9	8	hr. min.

9. Birthplace Middlesex Co., Va.
(Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name George W. Weston.
13. Birthplace Saltsville - Va.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Saltsville - Va.

16 (a) Informant Mrs. Ashia Weston.
(b) Address 1622 W. Lanvale St.

17 (a) Removal (b) Date thereof 5-21-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Claybury Cem.
Location Saltsville - Va.

18 (a) Funeral director Charles J. Schwob.
(b) Address 505 N. Monroe St.

19 [illegible] 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th. 1943. at 8.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943. to May 18 1943.
and that I last saw h~~im~~ alive on May 18 1943

Immediate cause of death: Cardiovascular disease. Hemorrhage of Brain.
Duration: 10 yrs 1 da

Due to:
Due to: Cardiac Asthma. Duration: 8 hrs

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Townsend M. D.
Address 506 N. Eutaw St. Date signed May 19 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

G 04493

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Emergency Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County [redacted]
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Seibert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife [redacted]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1899

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	7	20		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Guard & Crayon,
11. Industry or business Cork & Seal

FATHER
12. Name Henry Seibert
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hellond
15. Birthplace Unknown

16 (a) Informant Mrs Louise Brady
(b) Address 12 S. Bonnie St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/20/43 (month) (day) (year)
(c) Cemetery Woodland Park
Location Baltimore Md

18 (a) Funeral director William Cook Sr
(b) Address 1217 St. Paul St

19 MAY 20 1943 Interment for Williamsport Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 | 17 | 43 19 , at 12:03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1943 to 5/17 1943, and that I last saw h alive on 5/17 1943.

Immediate cause of death	Duration
Shock	
Due to [redacted] Hematemesis	
Due to Gastric? Hemorrhage	
Other Conditions Early cirrhosis of liver, splenomegaly	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy: early cirrhosis of liver, splenomegaly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rose G. Brooks, M. D.
Address Mary Hosp Date signed 5/17/43

VS 150

04494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N

Registered No. G 04494

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutheran Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Beaumont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maud M. Hearn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~Harry~~ A. Heard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1894

8. AGE: Years 48 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business Meyer Seed Co.

FATHER
12. Name George E. Ogle Hart
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Tolly
15. Birthplace Balto. Md.

16 (a) Informant Miss Afredda Ogle Hart
(b) Address Kenwood & Walker Aves.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/20/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oak Lawn
Location Eastern Ave., Extended

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 20 1943 Huntington Williams, M.D.
(Date received) (Registrar)

V8 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1943, at 12 30 P M

21. I certify that I took charge of the remains described above, held an Autopsy - Agency Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to last death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Cerebral Hemorrhage, Spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5/17/43

G 04495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 04495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 N. Central Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 L
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1892

8. AGE: Years 50 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Willia Jones
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Lottie Lee
(b) Address 507 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location B.C. County, Md.

18 (a) Funeral director Joseph W. Lockard
(b) Address 1364 N. Central Ave.

19 (a) (b)
(Signature of registrar) Registrar

MAY 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1943 at 9.39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1943 to 5-17 1943 and that I last saw h[illegible] alive on 5-17 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Brownsden M. D.

Address 844 S. Carey St. Date signed 5-19-43

G 04496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04496 Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 S. Fremont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 S. Fremont
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Benny Hicks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 251-14-2432

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Daisy Hicks
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
31	—	—	hr. min.

9. Birthplace Florence Co. S. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Moses Hicks
13. Birthplace S C.

MOTHER
14. Maiden Name Anna Furson
15. Birthplace S. C.

16 (a) Informant Leroy Hicks
(b) Address 212 E. Hamburg

17 (a) Burial (b) Date thereof 5-23-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Timmonsville
Location S. C.

18 (a) Funeral director James A. Hayes
(b) Address 142 W. Fred St

19 (a) MAY 28 1943 (b) Registrar Williamsburg, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 , at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 5/19 1943 and that I last saw him alive on 5/18 1943.

Immediate cause of death: (a) Lobar Pneumonia — Duration 5 days

Due to Dr Taylor

Due to 1522 Harlem Ave

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wallis A. Taylor
Address 1522 Harlem Ave Date signed 5/25/43

G 04497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04497 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Warwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days) Forever

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Beechfield Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth H. Riedel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Theo A. Riedel
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 6th 1871

8. AGE: Years 72 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Herbert Sonnenborn
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Theo A. Riedel
(b) Address 1010 Beechfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director J. S. Shipley Son
(b) Address [illegible] Eastern Ave Baltimore, Md.

19 (a) MAY 20 (Date rec'd by registrar) (b) [signature] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to May 7 1943 and that I last saw her alive on May 7 1943

	Duration
Immediate cause of death: Coronary Thrombosis	Sudden
Due to: Cardio Vascular Disease & Hypertension	1 year
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eliot W. Johnson
Address 3432 Druid Hill Ave Date signed 5/7/43

G 04498
AB-81355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

G 04498
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14Hrs. 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Cathedral St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer Long ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1900

8. AGE: Years	Months	Days	If less than one day
42	9	20	hr. min.

9. Birthplace Cockeysville, Md. (Town, county, and state)
10. Usual Occupation Maintenance Man
11. Industry or business

FATHER
12. Name Robert E. Long
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Holbert
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Jessops
Location Sparks, Md.

18 (a) Funeral director Landon M. Bunting
(b) Address Sparks, Md.

19 (Date rec'd by registrar) MAY 20 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1943, at 3 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943, to 5-19 1943, and that I last saw him alive on 5-19 1943.

Immediate cause of death: Meningococcal meningitis — Duration 48 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Co. absent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Robertson M. D.
Address Balto. City Hosp. Date signed 5-19-43

VS 150

43-46735 G 04499

KOZUBSKI

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04499

CERTIFICATE OF DEATH 52B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Glover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. FULL NAME (Roman) Rubin Kozubski

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-70

8. AGE: Years 72 73 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Stanley Kozubski

13. Birthplace ?

MOTHER 14. Maiden Name Alexi ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozarowski

(b) Address 1980 Eastern Ave.

19 (a) (Date received) MAY 20 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to May 18 1943. and that I last saw him alive on May 12 1943.

Immediate cause of death Uremia — Duration Symptoms 3 years

Due to Carcinoma of bladder

Due to

Other Conditions Urinary tract infection - prolonged (Include pregnancy within 3 months of death)

Date of operation Ca of bladder

Major findings of operation with peri-vesical extension blocking R ureter, hydronephrosis R, atelectasis

of autopsy

PHYSICIAN Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature James A. Singiser

Address J. H. Hospital Date signed 5/18/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2B-80000 G 04500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G 04500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Mos. 24Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Peach St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis Bynum

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14-1883

8. AGE: Years	Months	Days	If less than one day
60	2	3	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Cornelius Bynum
13. Birthplace N.C?

MOTHER
14. Maiden Name Mary Bradley
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 21 43. (month) (day) (year)
(c) Cemetery or crematory Mt. Calary Cemty
Location Balto.

18 (a) Funeral director Walter R. Spigg
(b) Address 139 W. Hamburg St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D.

MAY 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-43 at 8.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-43 to 5-17-1943, and that I last saw h[illegible] alive on 5-17-1943

Immediate cause of death gastro-intestinal hemorrhage

Due to generalized arteriosclerosis

Due to Carcinoma of prostate

Other Conditions

Duration
1 hr
yrs
1 yr

(Include pregnancy within 3 months of death)

Date of operation 3-10-43 & 3-18-43

Major findings of operation: Carcinoma of prostate

Autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address City Hosp Date signed 5-18-43 M. D.

G 04501 #11 1943 — BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04501
CERTIFICATE OF DEATH 93D
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Carey (Carey)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles
13. Birthplace ?

MOTHER
14. Maiden Name Annie Callahan
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Flanagan & Flanagan
(b) Address 1526 Eastern Ave.

19 MAY 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1- 1943, to May 18 1943; and that I last saw him alive on May 17 1943.

Immediate cause of death — Duration

Edema Lungs — 1 day
Due to Chronic Myocarditis — 3 yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Bill Hall M. D.
Address 1631 E North Ave Date signed 5/18/43

G 04502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04502 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 577 Pentmoon
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 577 Pentmoon (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Ev. Flemming
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Norman Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1914

8. AGE: Years	Months	Days	If less than one day
28	6	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Joseph Flemming
13. Birthplace Farmville Va.

MOTHER
14. Maiden Name Eva Broadshaw
15. Birthplace Richmond Va.

16 (a) Informant Mrs Eva Flemming
(b) Address 577 W. Pentmoon

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/43 19 , at 8:20 M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/10/43 to 5/18/43 19 , and that I last saw alive 5/17/43

Immediate cause of death: Laceration Pericardium Hemorrhage — Duration

Due to: Laceration Pericardium Hemorrhage / Internal Injuries

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Shaw M. D.
Address 524 North Ave Date 5/19/43

May 20 1943 Hurried to Wi...

G 04503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ G 04503. Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) DTH
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHRISTIAN J. ROSORIUS

3 (b) If veteran, name war Yes | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Dorothy Rosorius
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 23, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation School Engineer
11. Industry or business Balto. City 16174

FATHER
12. Name Mathew Rosorius
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Dorothy Rosorius
(b) Address 2832 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P. Towell
(b) Address 1427 Edmondson Ave

19 (a) (b) Registrar

Attending Physician, M.D.

MAY 22 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at 11 20 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature N. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-18-43

G 04504

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04504 Registered No.

CERTIFICATE OF DEATH 13 1a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N. Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, write RURAL, and give town)
(d) Street No. 532 N. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Butler

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 6-1856
8. AGE: Years 86 | Months 5 | Days 12 | If less than one day hr. min.
9. Birthplace Alex. Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business "

FATHER
12. Name Thomas Jett.
13. Birthplace Alex. Vir.

MOTHER
14. Maiden Name Don't know
15. Birthplace Vir.

16 (a) Informant George W. Butler
(b) Address 1706 W. Lanvale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Park Ave.
18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St.
19 (a) MAY 20 1943 (Registrar) Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 1943, to May 18 1943, and that I last saw h[illegible] alive on May 18 1943.

Immediate cause of death: Acute dilatation cardiac paralysis peripheral oedema — Duration: ?
Due to
Due to Degeneration
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Albert P. Sokorsky, M.D.
Address 1939 Eutaw Place Date signed May 19 1943

G 04505

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04505 Registered No.

CERTIFICATE OF DEATH 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Orkney Rd., Govans.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Orkney Rd., Govans. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Geraghty.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence A. Geraghty
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 20. 1888

8. AGE: Years	Months	Days	If less than one day
54	8	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Account Clerk
11. Industry or business B & O R. R.

FATHER
12. Name Micheal J. Geraghty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Reilley
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs. Florence A. Geraghty
(b) Address 514 Orkney Rd, Govans,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Baltimore

18 (a) Funeral director John A. Mohan
(b) Address 4201 Greenmount Ave.

19 (a) MAY 20 (b) 1943 (Date received by Registrar) Registrar

Hunter for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19. 1943 at 215 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to May 19 1943. and that I last saw h— alive on May 19 1943.

Immediate cause of death	Duration
(a) Cerebral Thrombosis	1 yr
Due to (b) Chron Interstitial Nephritis	1 yr
Due to (c) Chron Myocarditis	1 yr
Due to	
Other Conditions Tobacconist	1 yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Bishop M. D.
Address 511 S Linden Ave Date signed May 19-43

correct age is especially important. Registrar

G 04506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 04506 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4804 Pilgrim Road
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rural Deer Park.
(If outside city or town limits, write RURAL and give town)
(d) Street No. none
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William Tyson Tillman.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Cecelia Yox

6 (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1867

8. AGE: Years 75 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace: Deer Park, Balto, Md.
(Town, county, and state)

10. Usual Occupation: Caretaker of Cemetery

11. Industry or business: —

FATHER
12. Name: John Tillman.
13. Birthplace: Dont Know

MOTHER
14. Maiden Name: Dont Know
15. Birthplace: Dont Know

16 (a) Informant: Herbert Tillman,
(b) Address: Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: May 22, '43 (month) (day) (year)
(c) Cemetery or crematory: Deer Park
Location: near Reisterstown

18 (a) Funeral director: Wm. Berry mang & Son
(b) Address: Reisterstown, Md.

19 (a) MAY 20 1943 (Date rec'd by registrar)
(b) Washington Hill, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1943, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19__, to May 19 1943
and that I last saw h alive on 5-11 1943

Immediate cause of death: Complete Heart Block — Stoke-Adams syndrome — Duration: 1 Month
Due to: Arteriosclerosis — 10 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4548 Hayford Rd Date signed 5-20-43

G 04507 MD-81284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rebecca Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Tends Lawns
11. Industry or business

FATHER
12. Name Benjamin Turner (-)
13. Birthplace Maryland

MOTHER
14. Maiden Name Nancy Clifford (D)
15. Birthplace Maryland

16 (a) Informant Minnie [illegible] Eastern
(b) Address 519 (illegible) Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. Lemmon & Son
(b) Address 1st Druid Hill Ave.

19 (a) (Date) MAY 20 1943 (b) [illegible] to Mr. Williams, M.E.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1943, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1943 to 6-19 1943, and that I last saw him alive on 6-19 1943.

Immediate cause of death: Bronchopneumonia — Duration: 2 day
Due to
Due to
Other Conditions Arteriosclerosis Gen. Intestinal Obstruction
(Include pregnancy within 3 months of death)
Date of operation 5-3-43
Major findings of operation: Volvulus of sigmoid
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald Astele M. D.
Address Balt City Hosp Date signed 5-19-43

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 16 and 20 is complete and correct age is especially important.

G 04508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 04508 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 7
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col	married

6 (b) Name of husband or wife Mary Jones
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Apr 4-73

8. AGE: Years	Months	Days	If less than one day
68	1	13	hr. min.

9. Birthplace Arundel Co Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mary Jones
(b) Address 1211 Druid Hill Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1943, at 9:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1943, to May 17 1943 and that I last saw him alive on 5-16 1943

Immediate cause of death Hypertension Cardio Vascular Disease

Duration 2½ days

Due to

Due to

Other Conditions ~~Influenza~~ Carcinoma of stomach

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 554 Dolphin St Date signed 5-17-43

VS 8

G 04509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1922 Loretta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Loretta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara D. Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	2	15		

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Grooms
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edward Matthews
(b) Address 1922 Loretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1943 (month) (day) (year)

(c) Cemetery or crematory
Location White Rock, Md

18 (a) Funeral director Mrs. Lou. H. Hall
(b) Address 1631 Druid Hill Ave.

19 (a) MAY 20 1943 (Date received by registrar) Christopher Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 16 1943 and that I last saw her alive on May 16 1943

Immediate cause of death: Hypertensive Cardiac Failure — Duration 1 yr

Due to Valvular Disease of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature Thos. J. Woolridge

Address 703 W. Lafayette Ave. Date signed 5-17-43 M. D.

VS 8

G 04510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1570 G 04510 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp.
(c) Hospital or institution: 33rd & Calvert St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Arm P.O. Bel & Mt Vista Rds Md (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Miller
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1942

8. AGE: Years	Months	Days	If less than one day
0	7	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Henry Miller Sr.
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Dorothy LaRue Culp
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. John H. Miller
(b) Address Glenarm Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-43 (month) (day) (year)
(c) Cemetery or crematory Ft. Johns, Conn
Location Ringgold Md.

18 (a) Funeral director Clarence E. Attiver
(b) Address Fork Md.

19 MAY 20 1943 (b) Registrar
Date rec'd by local reg. MAY 20 1943
VS-189 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 20 1943 and that I last saw him alive on May 19th 1943.

Immediate cause of death	Duration
[redacted]	
Due to [redacted]	
Due to Hydrocephalus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Bowie M.D.
Address Union Memorial Hosp. Date signed 5/20/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 E

G 04511
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME BELLIS, Frederick W. H.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish American War	none	male	White	Married

6 (b) Name of husband or wife Mary [redacted] Schultz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 20, '66

8. AGE: Years	Months	Days	If less than one day
76	4	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Former laborer
11. Industry or business

FATHER
12. Name John W. Bellis
13. Birthplace London, England

MOTHER
14. Maiden Name Rosanna Monohan
15. Birthplace Baltimore, Maryland

16 (a) Informant Wife - Mary Bellis
(b) Address 1835 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd.

18 (a) Funeral director Maxton W. Downs & Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1943, to May 19, 1943, and that I last saw him alive on May 19, 1943.

Immediate cause of death	Duration
Syphilitic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bliss M. D.
Address U. S. Marine Hospital Date signed 5/20/43

VS 234

Ft. Wilson
04512 Kenwick Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
V 1310

G 04512
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Kenwick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3440 Kenwick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert H. Miller.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower.

6 (b) Name of husband or wife Mahala E. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1855

8. AGE: Years	Months	Days	If less than one day
87	6	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sadie G. Kaylor.
(b) Address 3440 Kenwick Road.

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof May 22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Md
18 (a) Funeral director Hammond & Sons
(b) Address 3615-17 Harford Ave.
19 (a) MAY 20 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to May 19 1943 and that I last saw him alive on May 19 1943.

Immediate cause of death: Myocardial Insufficiency — Duration: 2 days
Due to: Cardio-Renal-Vascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Wilson
Address 617 N. 40th Date signed 5/20/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 04513 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Newland Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 14 E.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Newland Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie V. Wildes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Frank H.
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1870

8. AGE: Years	Months	Days	If less than one day
73	3	4	hr. min.

9. Birthplace Blackstone, Mass.
(Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Patrick Caulfield
13. Birthplace England

MOTHER
14. Maiden Name Julia Tynan
15. Birthplace England

16 (a) Informant Mrs. Thomas Coulbourn
(b) Address 3508 Newland Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) (day) (year)
(c) Cemetery or crematory H. Grant
Location Thonduncy P.O.

18 (a) Funeral director Frederick J. Cole
(b) Address 1200 W. Lombard St.

19 (Date received) MAY 20 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1943 at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to May 20 1943.
and that I last saw h[illegible] alive on May 20 1943.

Immediate cause of death Carcinoma rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.
Address 36 York Court Date signed 5-20-43

VS 180

Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that the correct age

C 04514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43D G 04514

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 ED AND CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town WHITE HALL (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MINNA B. STREETT

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife SAMUAL STREET
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 2 1871

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation H W F.
11. Industry or business

FATHER
12. Name GEORGE A. CAIRNES
13. Birthplace MARYLAND

MOTHER
14. Maiden Name CORNELIA HALE
15. Birthplace MARYLAND

16 (a) Informant HOSP. RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-43 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Madonna Hanfalo and
18 (a) Funeral director Martin G. Kurtz
(b) Address Jarrettsville, md.
19 (Signature) Huntington Williams M.D. Registrar
MAY 20 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20 1943, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 19 1943, to MAY 20 1943, and that I last saw HER alive on MAY 20 1943.

Immediate cause of death	Duration
Cardiac - respiratory failure	
Due to Bronco pneumonia	3-4 days
Due to	
Other Conditions Arteriosclerotic [redacted] Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Johnson A. Nesbitt M.D.
Address Union Memorial Hosp. Date signed 5-20-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04515

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 717 N. Luzerne Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 926 N. Castle Street (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME JOHN MACKO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Josephine (Sindelar)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1873

8. AGE: Years	Months	Days	If less than one day
70 yrs	2	27	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Wm. G. Macko (son)

(b) Address 6506 Glen Oak Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/43 (month) (day) (year)

(c) Cemetery or ~~CREMATORY~~ Holy Redeemer

Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek

(b) Address 2601 E. Madison Street

19 (a) MAY 20 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1943 to May 17 1943.

and that I last saw h[illegible] alive on May 17/43.

Immediate cause of death

Due to chronic myocardial degeneration

Due to obstructive jaundice 2½ mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 5-6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis N. Kellogg M.D.

Address Sparrows Pt. Md. Date signed 5/19/43

G 04516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

G 04516 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the answer to each question is complete. Do not omit any item if you know the answer. Do not write in the space marked "Registrar." Please write in the space marked "Registrar." Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 53rd & Calvert
(c) Hospital or institution: Union Memorial Hospital 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 E. 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Gaertner

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife: Marie W. Gaertner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1896

8. AGE: Years	Months	Days	If less than one day
47	0	89	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Business man
11. Industry or business Theatre business

FATHER
12. Name George Gaertner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kahl
15. Birthplace Germany

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Jos. J. Sterrstow
(b) Address 2212 Kentucky ave

19 (a) MAY 21 1943 (b) Registrar
(Date received by registrar)

YE 189

Transcription: Washington, Williams, Mc

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 7.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to May 18 1943. and that I last saw him alive on May 18 1943.

Immediate cause of death	Duration
Carcinoma of the liver	
Due to Carcinoma of the Gall bladder	Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation May 4, 1943
Major findings of operations: Carcinoma of liver and gall bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard, M.D.
Address Union Memorial Hosp. 33rd & Calvert. Date signed 5/18/43

G 04517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

540

Registered No. G 04517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 N. Gowman Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Grace E. Campbell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-86

8. AGE: Years 56 | Months | Days 7 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John McMullen

13. Birthplace Pa.

MOTHER 14. Maiden Name Rebecca Newman

15. Birthplace Penna.

16 (a) Informant Mrs. G. Campbell

(b) Address 48 N. Gowman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Guy A. Fuller

(b) Address Telford & Gaithe

19 (a) (Date received) MAY 20 1943 Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-40 1943 to 5-18 1943 and that I last saw h[illegible] alive on 5-16 1943.

Immediate cause of death Bronchopneumonia

Right temporal lobe.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-10-43 & 5-14-43

Major findings of operation: Same

of autopsy: —

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Cerna M. D.

Address St Agnes' Hosp. Date signed 5/18/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600 Registered No. 4518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gladewood Dr. Grem Ave.
(c) Hospital or institution: University Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 302 S. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) ——— years

3 (a) FULL NAME Barbara Ann Jackson

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/12/43

8. AGE: Years	Months	Days	If less than one day
—	—	3	— hr. — min.

9. Birthplace Baltimore, Md. (Univ Hospital) (Town, county, and state)

10. Usual Occupation

11. Industry or business ———

FATHER
12. Name Mark Jackson
13. Birthplace ? Virginia

MOTHER
14. Maiden Name Ada Bell Phillson
15. Birthplace Laurence, S. C.

16 (a) Informant Mother (Ada Bell Jackson)
(b) Address 302 S. Fremont Ave.

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS :

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 19.43. to 5/17/ 19.43.
and that I last saw h.e.r alive on 5/17/43 19.43.

Immediate cause of death Respiratory failure — Duration

Due to Intra-cranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Bird M. D.
Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10109

04519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600

G 04519 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. 23rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luiz Yvonne Villers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Virgil Villers
13. Birthplace Winfield W. Va

MOTHER
14. Maiden Name Violet Tinsman
15. Birthplace Point Pleasant Ohio

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 20 1943 Hunter Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to May 6 1943
and that I last saw her alive on May 1943

Immediate cause of death — Duration
(a) Pneumonia & Pneumonia — 9 days
Due to (b) Atelectasis — 9 days
Due to (c) Prematurity — 9 days
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Sinai M.D.
Address University Hosp. M. D.
Date signed May 18 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0107

04520 G 04520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) Today
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4801 Overlea Ave (If rural give location) Towson
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Baby boy Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/43

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name George William Taylor
13. Birthplace Lexington, Miss.

MOTHER
14. Maiden Name Mary Elizabeth Henry
15. Birthplace Baltimore, Md.

16 (a) Informant Mary Taylor
(b) Address 4801 Overlea Ave.

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)
(c) Cemetery or crematory ———
Location JOHN HOPKINS MEDICAL SCHOOL MAY 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address —

MAY 20 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1943, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1943, to 5/14 1943, and that I last saw him alive on 5/14 1943.

Immediate cause of death Respiratory failure — Duration

Due to premature birth 2 days —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature George Brown M. D.
Address —
Date signed 5/18

F 0106

correct age is especially important. Physician: Please write the causes of death clearly and legibly.

G 04521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 04521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully filled in. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. H. Schmiedeberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lill Wilhelmina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1866

8. AGE: Years 76 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace Germany (City, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Wm. H. Schmiedeberg
13. Birthplace Germany

MOTHER — 14. Maiden Name Caroline
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Wade
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Tuttle
(b) Address 4101 Edmondson Ave

19 (a) (Registrar) (b) Registrar

MAY 20 1943

Hattie for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19/43. 19 5.55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 3/43 19 to May 19/43. and that I last saw him alive on May 18/43.

Immediate cause of death	Duration
Pyloric Obstruction	Unknown.
Due to	
Carcinoma of Stomach.	Unknown.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Chew Jr. M. D.

Address 923 Hanover Date signed May 20/43

G 04522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04522 Registered No.

1220

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairmount & Broadway
(c) Hospital or institution: Church Home & Infirmary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore City
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street No. 3-7 Wyman Park Apts.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Wallace P. Harvey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Josephine Gilmor Harvey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1875

8. AGE: Years	Months	Days	If less than one day
67 68	5	22	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name William P. Harvey
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Jennie Jordan
15. Birthplace Pennsylvania

16 (a) Informant Miss Frankes Gilmor
(b) Address Little Inn, N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 45 (month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M. Watkins & Sons
(b) Address McCulloh & Lanvale Sts

19 (Registrar) MAY 20 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943 at 7 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 20 1943 and that I last saw him alive on May 20 1943

Immediate cause of death Peritoneal adhesions with volvulus and intestinal obstruction — Duration 1-5 days

Due to peritoneal adhesions

Due to —

Other Conditions Meckel's diverticulum, terminal pulmonary oedema
(Include pregnancy within 3 months of death)

Date of operation May 19, 1943. —

Major findings of operation: Meckel's diverticulum, adhesions

of autopsy: same and pulmonary oedema

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature E. L. Suárez-Murias M. D.
Address Church Home & Infirmary signed May 21 43

VS 186

G 04523 G 04523 G 04523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Main St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank (Howard) Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Widower

6 (b) Name of husband or wife Celeste Virginia Lone Harvey 6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1874

8. AGE: Years	Months	Days	If less than one day
69	1	19	18 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business United States Army

FATHER
12. Name John E. Harvey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie Diggs
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Frank C. Miller
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md

19 (a) (Name of registrar) (b) Huntington Williams, M.D.

MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to May 19 1943 and that I last saw him alive on May 19 1943

Immediate cause of death Perforated Ulcer at Cardiac end of Stomach — Duration 2 days

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joh D. Rom

Address University Hospital Date signed 5/17/43. M. D.

VS 180

04524 G 04524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

Registered No. G 04524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 S. Payson
(c) Hospital or institution:

20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 S. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine A. Snowden (SNOWDEN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thos. H. Snowden

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 14-1878

8. AGE: Years 64 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Chas. Mayer
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Elsie H. Snowden
(b) Address 321 S Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director F. B. WIPPERT'S SON
(b) Address 300 Eutaw Place

19 MAY 21 1943 (Date received by Registrar) Hattie Lee Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/43 at 3:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1943 to 5/19 1943; and that I last saw him alive on 5/18/1943.

	Duration
Immediate cause of death	
Due to Chronic Nephritis	7 Mos
Due to	
Other Conditions Anemia & Diabetes	3 Mos

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Grant, M.D.
Address 1707 Druid Park Drive 5/21/43

VS 150

G 04525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Gramby St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
Street No. 1004 Gramby St (If rural give location)
(e) Citizen of foreign country? Italy (Yes or No)
If yes, name country

3 (a) FULL NAME Rose V. Vonella

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Salvatore Vonella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec ? 07

8. AGE: Years 65 | Months 5 | Days | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: Home. Wife

11. Industry or business

FATHER 12. Name: Matthew Ramundo
13. Birthplace: Italy.

MOTHER 14. Maiden Name: Unknown.
15. Birthplace: Italy

16 (a) Informant: Salvatore Vonella
(b) Address: 1004 Gramby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21 1943 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road
18 (a) Funeral director: Rendell & Heppel
(b) Address: 312 S. Highland Ave.

MAY 21 1943 (Date received by Registrar)

Theodore F. Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 at 12 30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to 5/19 1943, and that I last saw h[er] alive on 5/19 1943

Immediate cause of death: General Cerebro Sclerosis — Duration: 1yr

Due to:

Due to:

Other Conditions: Chr Myocarditis — 1 yr.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Byron L. Solomon M. D.

Address: 129 S Bway Date signed: 5/20/43

04526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 B

G 04526
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 176r Montpelier St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 176r Montpelier St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Parr

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Irene Parr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	10	7		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Circuit Court #1

11. Industry or business

FATHER
12. Name Frank Parr
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mollie Renner
15. Birthplace Baltimore Md.

16 (a) Informant Irene Parr
(b) Address 176r Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 3707 W. North Ave

19 (a) MAY 21 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

1.30

20. DATE OF DEATH May 18. 1943. at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1943 to May 18 1943. and that I last saw him alive on May 17 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 11/2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Krenger, M.D.

Address 1402 E. Lanvale Date signed 5-20-43

G 04527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 04527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Highland Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Woodlawn Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Fick

3 (b) If veteran, name war	3 (c) Social Security Account No. None
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1943

8. AGE: Years	Months	Days	If less than one day
		2 days	13 hrs. min.

9. Birthplace St. Joseph Hospital (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles W. Fick
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Grace R. Lawrence
15. Birthplace Baltimore Md.

16 (a) Informant Charles W. Fick
(b) Address 2622 Woodlawn Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Mathews & Son
(b) Address 1219 E. Fort Ave

19 (MAY 21 1943) Washington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 20 1943 and that I last saw h. alive on May 20 1943

Immediate cause of death Immaturity
Miscarriage - 2 days

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Richter M.D.
Address St. Joseph's Hosp Date signed May 21 1943

VS 8

G 04528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G 04528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 Benninghaus Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Benninghaus Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie E. Reiter

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry F. Reiter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1869

8. AGE: Years	Months	Days	If less than one day
73	10	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name August H. Diemer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine E (last known)
15. Birthplace Germany

16 (a) Informant Catherine E. Dorody
(b) Address 510 E Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director William [illegible] Jr
(b) Address 1217 E Fort Ave

MAY 21 1943 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1943 to May 18 1943, and that I last saw her alive on May 17 1943.

Immediate cause of death	Duration
Coronary Embolism	1/2 hr
Due to Mitral Regurgitation Vegetation	1 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 5-19-43

04529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6 12529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 E North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kenneth E West

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9 1899
8. AGE: Years 43 | Months 6 | Days 11 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Waiter Restaurant
11. Industry or business

FATHER
12. Name Neville F West
13. Birthplace Va

MOTHER
14. Maiden Name Lillie Smiley
15. Birthplace Md

16 (a) Informant Mrs Catherine West
(b) Address 1822 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Pulliam & Doe
(b) Address 2217 E Fort Ave

MAY 21 1943 (Date rec'd by Registrar) Hunter Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940 to May 20 1943, and that I last saw him alive on 5-19 1943.

Immediate cause of death	Duration
Pulm. Tuberculosis	1940
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address Dr. M. W. Jacobson 800 N. Charles St Date signed May 20 1943

04530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 04530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Blanche Long

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NIDE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lewis J

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1873

8. AGE: Years 69 | Months 9 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Salysbury
13. Birthplace Md

MOTHER
14. Maiden Name Mahoney
15. Birthplace Md

16 (a) Informant Lewis J Long
(b) Address 1230 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Co Md

18 (a) Funeral director Pilligram & Lee
(b) Address 1219 E Fort Ave

MAY 21 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943 to May 20 1943, and that I last saw her alive on May 20 1943

Immediate cause of death
Cancer of stomach

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Holtzman M.D.
Address 1703 Eutaw Date signed May 20/43

correct age is especially important, and should be given in all cases where possible, even approximately.

VS 150

04531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04531

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 + 3
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr Max S. Koppelman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Nee Gold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Doctor

FATHER
12. Name Chyam Koppelman
13. Birthplace Russia

MOTHER
14. Maiden Name Valle ?
15. Birthplace Russia

16 (a) Informant Carrie Koppelman
(b) Address 1515 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) MAY 21 1943 (Date received by Local Registrar) (b) [signature] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 43 at 5 15 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 19 42 to May 20, 1943. and that I last saw h alive on May 20 1943.

Immediate cause of death Bronchio - Pneumonia

Due to —

Due to —

Other Conditions Tumor ? Brain ?
(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operations —

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Schapiro M. D.
Address 2028 Eutaw Pl. Date signed 5/20/43

PLEASE PRINT CLEARLY. Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

4532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 dd G 04532 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 673 Gilmor
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 673 Gilmor
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Wilkins

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George H Wilkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31st 1867

8. AGE: Years 75 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Ford
13. Birthplace Balto Md

MOTHER
14. Maiden name Mary Hopkins
15. Birthplace Balto Md

16 (a) Informant Norman Williams
(b) Address 673 Gilmor

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-1943 (month) (day) (year)
(c) Cemetery or crematory Catherdal
Location Baltimore City

18 (a) Funeral director Va Brooks
(b) Address 1463 N. Carey St.

19 MAY 21 1943 (Registered by Registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20/43 19 64 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18/43 to 5/20/43 and that I last saw h[illegible] alive on 5/19/43

Immediate cause of death Pneumonia Lobar
Non Pneumonic

Duration 2 days

Due to Pneumonia

Due to Shock

Other Conditions (over)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Allen M. D.
Address 824 Park Ave Date signed 5/21/43

Please write the cause of death clearly and legibly. Physicians: please write correct age is especially important.

04533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. C 04533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Forster Ave.
(b) Street address 3707 ~~FAIT AVE~~
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 9
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city limits write RURAL and give town)
(d) Street No. 3707 ~~FAIT AVE~~ Forster ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA B. WOLF

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: BLASIUS WOLF
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): JAN. 14 18 1869

8. AGE: Years: 74 | Months: 5 | Days: 5 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JOHN DANNAMANN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: ANNA GOETZ (DAUGHTE R)
(b) Address: 3707 Forster Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 2 2/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEME R
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 MAY 21 1943 Hyattsville, Prince Georges, MD. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 19 1943, at 6/15 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 19 43 to 5/19 19 43
and that I last saw her alive on 5/19 19 43

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions: Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. H. Gaskey
Address: 6307 S. Conkling Signed 5/20/43

VS 180

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 S. Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	4		69	18

9. Birthplace M C
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name [illegible]
15. Birthplace

16 (a) Informant William Jenkins
(b) Address 821 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location [illegible]

18 (a) Funeral director David T. Brown
(b) Address 108 W Montgomery St

MAY 21 1943 Huntington Williams, M.D.
(Date received) (Registrar) Registrar

VS 151

MEDICAL CERTIFICATION 43

20. DATE OF DEATH May 16 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert C. Fraham M.D.
Medical Examiner
Date signed May 19 1943.

G 04535
AB-61337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 89W

G 04535
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 W. 29th. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-0371

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7-1918

8. AGE: Years	Months	Days	If less than one day
25	1	13	hr. min.

9. Birthplace Conn. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Conn.

MOTHER
14. Maiden Name Helen ?
15. Birthplace Conn.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1943 (month) (day) (year)
(c) Cemetery or crematory Old Oakland Cem.
Location Carroll Co., Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150
MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1943 at 12 o'clock P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1943 to 5-20 1943 and that I last saw h[illegible] alive on 5-20 1943.

Immediate cause of death: Subdural abscess — Duration 2 days

Due to: Chronic otitis media & mastoiditis — Duration several years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-11-43
Major findings of operation: Pus

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Harry Haar M. D.
Address Balto. City Hosp. Date signed 5-20-43

G 04536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 04536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Lothian (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1943

8. AGE: Years	Months	Days	If less than one day
			11 hr. no min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lloyd Wallace
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy Watkins
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 21 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 8

5-0110

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1943, at 6.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943, to May 8, 1943, and that I last saw her alive on May 8, 1943.

Immediate cause of death Prematurity
Asphyxia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Stephen, Jr. M. D.
Address Johns Hopkins Hospital Date signed 5-11-43

C 04537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Bayly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: William Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1882

8. AGE: Years 60 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAY 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1943, at 2 40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy & enquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Pneumonia, lobular

Due to Coronary heart disease (myocardial infarction)

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Mallenmuber and Medical Examiner. M.D.

Date signed 5-5-43

P 0115 H. Mallenmuber

Howard J. Malloy, M.D.

04538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 04538

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Randolph

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 21 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-1943, at 5-35 A M

21. I certify that I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial degeneration
Due to
Other Conditions Fractured hip + rib. Bruised burns.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury 5-9-43 5- P. 24 M/2
(b) Where did injury occur? City Hospitals
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Fell from hospital window

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 5/10/43

0111

VS 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be complete, correct and legible. Physicians: please write the causes of death clearly and legibly. Age is especially important.

G 04539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 04539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Hunter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Maddox

3 (b) If veteran, name war	3 (c) Social Security Account No.
~	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widower

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-1881

8. AGE: Years	Months	Days	If less than one day
56	8	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Apt. House

FATHER
12. Name Joshua Maddox
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Ruff
15. Birthplace Md.

16 (a) Informant William Maddox
(b) Address 806 W. Lanvale st.

17 (a) Burial (b) Date thereof 5-22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

19 (a) MAY 21 1943 Howard Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18- 1943, at 9 15 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from; natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular
Due to Uraemia

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malpeis M.D.
Medical Examiner.
Date signed 5/18/43

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 151

G 04540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. G 04540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Chatham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELISKA MITCHELL (Rev. Eliska W. Mitchell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of ~~husband~~ or wife Florence Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	16	hr. min.

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Clergyman.
11. Industry or business

FATHER
12. Name John Mitchell
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Amanda —
15. Birthplace Baltimore, Md.

16 (a) Informant John Mitchell (Son)
(b) Address 2504 Puget St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Carlton St.

19 (a) (Date received) MAY 21 (b) 1943
Hearing for Williams

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 1 15 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-19-43 at 1 15 a M.
(b) Where did injury occur? Washington Blvd.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury pedestrian struck by auto

23. Signature W. T. Wollenweber M.D.
Medical Examiner.
Date signed 5-14-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04541 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3836 Sequoia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3836 Sequoia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRIEDA EMMA MARIE BOESSEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Martin E., Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1874

8. AGE: Years	Months	Days	If less than one day
69	--	16	hr. min.

9. Birthplace Vincennes, Ind. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rev. Paul C. Werber
13. Birthplace Austria

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Miss Frieda Pauline Boessel
(b) Address 3836 Sequoia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. Registrar
MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1943 at 4:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 26 1943 to May 18, 1943, and that I last saw her alive on May 18, 1943

Immediate cause of death Coronary thrombosis

Duration 5 weeks

Due to Cerebral embolism with hemiplegia 5 weeks

Due to Auricular fibrillation and Sclerosis of myocardium 6 months

Other Conditions Arteriosclerosis 10+ years 15+ years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature John Tillen Howard M. D.
Address 128 E. Fayette St. Balto Date signed May 19 1943

G 04542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 04542 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4425 Parkmont Ave.
(c) Hospital or institution:

261

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4425 Parkmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA A. DOUGLAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John A. G. Goetz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Landwher
15. Birthplace Germany

16 (a) Informant Mr. John A. Douglas
(b) Address 4425 Parkmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Registrar

MAY 21 1943 Permit to Bury

MEDICAL CERTIFICATION

A

20. DATE OF DEATH May 19, 1943 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 19, 1943, and that I last saw her alive on May 18, 1943.

Immediate cause of death	Duration
Cerabral Hemorrhage	30 hrs
Due to Arteriosclerosis	Many years,
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson M. D.
Address A.L.Wilkinson, M.D. Date signed 5-19-43
5713 Bel Air Rd.

Spec.—9-39—A. & Co.—200 Blks.

G 04543 HEALTH DEPARTMENT—CITY OF BALTIMORE G 04543

CERTIFICATE OF DEATH. 1939

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 5251 St Charles St. ST ..... WARD)

2-FULL NAME Elizabeth Wiesner

(a) RESIDENCE NO 5251 St Charles ST 27-18 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Wiesner

6 DATE OF BIRTH (month, day, and year) Jan 23-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Henry Alwes
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Dora Bauer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frank Wiesner
(Address) 5251 St Charles Ave

15 5/21-43 Thereto from Williamsport Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19. 43

17
I HEREBY CERTIFY. That I attended deceased from
Aug 10, 1942, to May 19, 1943
that I last saw h er alive on May 19, 1943
and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Coronary occlusion May 1942
chronic myocarditis
Myocardial insufficiency
(duration) 1 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) arterio - sclerosis
(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? P. E. K. G.
(Signed) Palmer R Williams M. D.
5/19 1943 (Address) Pikesville. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL May 21 1943

20 UNDERTAKER Ullrich Funeral Home — ADDRESS 220 E Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Del Helm: 2757 W. North Ave

G 04544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 13a

G 04544 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5511 Groveland Ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5511 Groveland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Lillie May Marquum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Oliver W. Marquum

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	9	7		

9. Birthplace Carroll County Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Basil Chaney

13. Birthplace Unknown

MOTHER 14. Maiden Name Mary Sowman

15. Birthplace Unknown

16 (a) Informant Mrs Julian M. Pugh

(b) Address 3906 Harndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 - 43 (month) (day) (year)

(c) Cemetery or crematory Morgan Chapel

Location Woodbine Maryland

18 (a) Funeral director Ellsworth Undaroast

(b) Address 3911 Liberty Heights Ave.

19 (a) (Date received) MAY 22 1943 Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 19 , at 9.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 41 to May 19 1943 and that I last saw her alive on May 18 1943.

Immediate cause of death: Chronic Myocarditis — Duration 2Yrs.

Due to: Chronic Interstitis Nephritis 1y

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. L. C. Helm M. D.

Address 2757 W. North Ave Date signed May 22 1943

F. L. C. Helm

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 04545 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2438 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHAMBERS, SYDNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Bl	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1937

8. AGE: Years	Months	Days	If less than one day
5	11	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Ralph Chambers
13. Birthplace Balto

MOTHER
14. Maiden Name Annie Sterling
15. Birthplace Balto

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-43 (month) (day) (year)
(c) Cemetery or crematory Orbitus Memorial Park
Location Balto Co Md

18 (a) Funeral director J. L. Preston Lyberg
(b) Address 579 Mosher St.

19 (a) [redacted] Registrar
[redacted] Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1943, at 9:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943, to May 19 1943, and that I last saw h. She alive on May 19 1943.

Immediate cause of death	Duration
meningitis	
Due to meningococcus group +	18 hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp. Date signed 5-19-43

G 04546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04546 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 AISQUITH ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 9
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 AISQUITH ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB WEINBERG

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MOLLIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
62				

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation RETIRED TAILOR
11. Industry or business

FATHER
12. Name WOLFE WEINBERG
13. Birthplace RUSSIA

MOTHER
14. Maiden Name MIRIAM
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (b) Date thereof 5-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA. RD. + HAMILTON AVE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto ST

19 (a) MAY 21 1943 Huntington Williams, M.D.
(Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20-43 19 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1943 to May 20 19, and that I last saw h[illegible] alive on April 24 1943.

Immediate cause of death Cardiac dilatation. — Duration

Due to Auricular fibrillation

Due to Hypertension & Arteriosclerosis

Due to Malignancy, Adrenal - Cachexia (Cancer)

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harris A. Bond M. D.
Address 115 Aisquith Date signed 5/20/43

G 04547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04547
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Accuracy in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Hampstead
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Minnie Alban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife John R Alban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 - 1876

8. AGE: Years	Months	Days	If less than one day
66	9	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name John Rosier
13. Birthplace Md

MOTHER
14. Maiden Name Annie Baker
15. Birthplace Md

16 (a) Informant Mrs Kenneth Alban
(b) Address Hampstead Md

17 (a) Burial (b) Date thereof May 24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forestview
Location Bulls Cl

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

19 (a) 5/21/43 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943, to May 21 1943, and that I last saw her alive on May 21 1943.

Immediate cause of death Meningococcic Meningitis — Duration

Due to

Due to

Other Conditions Urinary Retention due to Pelvic Tumor
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C M Slagle M. D.
Address University Hospital Date signed May 21, 1943

Dr. Lhumanuel Fuller Rd.

G 04548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04548 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3547 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie M. Schnitker

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-8364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Louis Schnitker

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1899

8. AGE: Years	Months	Days	If less than one day
44	2	22	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Laborer Rag Factory
11. Industry or business Shapard Bro.

FATHER
12. Name Wm. F. Horner.
13. Birthplace md.

MOTHER
14. Maiden Name Mary S. Miller
15. Birthplace Md.

16 (a) Informant Mrs. Margaret Howard
(b) Address 3547 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/43 (month) (day) (year)
(c) Cemetery or crematory Emanuel Lutheran
Location Windsor, Md.

18 (a) Funeral director Shangle & Sparrow
(b) Address 3615-17 Eastern Ave

19 (a) [illegible] Williamsport, Md.

MAY 21 1943

VS 160

Huntington

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943 at 9:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 19 1943 and that I last saw her alive on May 19 1943.

Immediate cause of death Hypertensive CVD
Cardiac Decomp.

Duration 3 da

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Schumanuel
Address 3711 Folly Rd Date signed 5-22-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04549 Registered No. 121

04549

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Amity St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rufus O Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widow

6 (b) Name of husband or wife Ella Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Laurinburg N. C (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Jim Moore
13. Birthplace N.C.

MOTHER
14. Maiden Name Hannah Carsidy
15. Birthplace N.C.

16 (a) Informant Etta Green
(b) Address 1012 N. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-43 (month, day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 21 1943 Huntington Williams Registrar, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1943 at 11:39 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12-1943 to 5-17-1943, and that I last saw him alive on 5-17 1943

Immediate cause of death: Ruptured appendix — Duration

Due to

Due to

Other Conditions Peritonitis
Cardiac-renal disease

Operation: Date of operation 5-14-43

Major findings of operation: Ruptured appendix & peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N. Caroline Date signed 5-21-43

G 04550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58c

G 04550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Keys

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1933

8. AGE: Years	Months	Days	If less than one day
7	9	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Alexander Keys
13. Birthplace Va

MOTHER
14. Maiden Name Beatrice Morris
15. Birthplace Md

16 (a) Informant Beatrice Keys
(b) Address 1104 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Presstman St

19 (a) (Date received by registrar) (b) Washington Village MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1943, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1943, to 5-20 1943, and that I last saw her alive on 5-20 1943.

Immediate cause of death Myocardial Failure — Duration 2 days

Due to Rheumatic fever — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place.) While at work?
(e) Means of injury

23. Signature L. Harrell Pearce M. D.
Address University Hospital Date signed 5/21/43

G 04551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

G 04551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Winchester St
(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Winchester
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward G. Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Julia Owens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 | 9 | 87

8. AGE: Years 55 | Months 1 | Days 18 | If less than one day min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Owens
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A Smith
15. Birthplace Maryland

16 (a) Informant Julia Owens
(b) Address 1515 Winchester

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kelso
(b) Address 1303 Presstman

19 (a) (Signature of local registrar) (b) Huntingtown Williams Md

MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19-1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-1943 to 5-18-1943 and that I last saw h alive on 5-18-1943.

Immediate cause of death: Uremia Coma — Duration 2 da

Due to: nephritis chron

Due to: Cystitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R Boykin M. D.
Address 1135 Eutaw Date signed 5/24/43

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Accurate and complete answers to all questions, where applicable, are important. Space is provided for certifying to cause of death of stillborn children, since correct age is especially important.

G 04552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106B

G 04552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 Lauren
(c) Hospital or institution: Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Lauren (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Essie Montague

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	negro	M

6 (b) Name of husband or wife Joseph Montague
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 30 1901

8. AGE: Years 41 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Frank Smith
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lillian Bell
15. Birthplace Maryland

16 (a) Informant Lillian Simkins
(b) Address 1503 Lauren

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Leo. S. Kelson
(b) Address 1303 Presstman St

19 (a) MAY 21 1943 (b) Harrington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1943 to 5-19-1943 and that I last saw h alive on 5-18 1943

Immediate cause of death: Cardiac Dilatation, Chron Nephritis

Due to Suppurative Bronchitis

Due to Pathogenic Alveolitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23 Signature Wm R Boston M.D.
Address 1135 Eden Date signed 5/23/43

VS 3

Please write plainly, with pen and ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

AB-50900 G 04553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 Laurens St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6-1873

8. AGE: Years	Months	Days	If less than one day
70	3	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Social Security Pension
11. Industry or business

FATHER
12. Name Walter J. Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Suzann ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md. U.S. Kelso

18 (a) Funeral director Geo. S. Kelso
(b) Address 1 3 Pleasant Hunting Ridge, Md.

19 MAY 21 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1943, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1943, to 5-19 1943, and that I last saw h alive on 5-19 1943.

Immediate cause of death Cardiac failure — Duration 7

Due to Hypertensive C.V. disease — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 5-19-43

VS 150

G 04554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

✓G 04554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 N. Gilmore St.
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 N. Gilmore St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Shepard Pierce

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married

6 (b) Name of husband or wife Lucille Pierce
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/20/1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	2	0		

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Jerry Pierce
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rose Mitchell
15. Birthplace North Carolina

16 (a) Informant Lucille Pierce
(b) Address 833 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. E. Kelso
(b) Address 1303 Freedman's St.

19 (a) (b) Registrar

MAY 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 1943, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1943 to 5/20 1943, and that I last saw h[illegible] alive on 7:45 P.M. 5/20 1943.

Immediate cause of death Uremia — Duration

Due to Chronic Nephritis & pyelonephritis

Due to

Other Conditions Terminal pneumonia

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy: Contracted, [illegible] kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers, M.D.
Address Mercy Hospital Date signed 6/22/43

G 04555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.OA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 635 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Leo McGivern

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1912

8. AGE: Years 30 | Months 7 | Days 21/20 | If less than one day hr. min.

9. Birthplace Dunbar, Penna.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Barnard Mc. Givern
13. Birthplace England

MOTHER
14. Maiden Name Mary Rogers
15. Birthplace England

16 (a) Informant John P. McGivern
(b) Address Connellsville

17 (a) Removal (b) Date thereof MAY 21 - 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Connellsville Pa
Location Pennsylvania

18 (a) Funeral director William Bopp Jr.
(b) Address 120 E. St Paul Street

19 (a) MAY 21 1943 Huntington, W. Virginia, M.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 8 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia, left.

Due to

Other Conditions Fatty degeneration of liver
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fortune M.D.
Medical Examiner.
Date signed May 20 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 181

G 04556 ✓ G 04556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Boarman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marietta Staiti

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband Sebastian Staiti
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22nd 1885

8. AGE: Years	Months	Days	If less than one day
57	11	26	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business S-H

FATHER
12. Name Joseph Rotimondi
13. Birthplace Italy

MOTHER
14. Maiden Name Angelina Tamburo
15. Birthplace Italy

16 (a) Informant James Staiti
(b) Address 2911 Crestmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cath Lo
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1217 E Pratt St

19 (a) (Date received by Registrar) MAY 21 (b) 1943 Justin J. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1943, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 18 1943 and that I last saw her alive on May 17 1943

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr
Due to Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5/18/43
Major findings of operation: Carcinoma
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. O. Scarci M. D.
Address 1001 Eastern Ave Date signed 5/19/43

VS 180

G 04557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 04557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. + John St.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Fait Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Barbara Rychwalski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White Polish	Married.

6 (b) Name of husband or wife John Rychwalski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Walenty Pietrowicz
13. Birthplace Palgng

MOTHER
14. Maiden Name not known.
15. Birthplace ?

16 (a) Informant James Rychwalski
(b) Address 3227 Fait ave

17 (a) X (Burial, cremation, or removal) (b) Date thereof May 22-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave.

18 (a) Funeral director John J. Ruda
(b) Address 2829 Hudson St

19 MAY 21 1943 (b) Registrar Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943, to May 19 1943, and that I last saw her alive on May 19 1943.

Immediate cause of death	Duration
Cerebral hemorrhage, left	3 days
Due to Hypertension cardiovascular disease and arteriosclerosis	7
Due to	
Other Conditions Peritonitis of undetermined etiology. (Include pregnancy within 3 months of death)	2 weeks

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellijas M. D.
Address 1404 Park Ave. Date signed 5/19/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. G 04558

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E. 22nd ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Anthony B Schaefer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Viola (Bennett)

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 8/3/1889

8. AGE: Years 53 | Months 9 | Days 18 | If less than one day ——— hr. ——— min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Clerk - 13th D. P. R.

11. Industry or business Fit. Dept.

FATHER 12. Name Henry V. Schaefer
13. Birthplace Germany

MOTHER 14. Maiden Name Agatha (Mar)
15. Birthplace Germany

16 (a) Informant Viola Schaefer
(b) Address 21 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bells Road

18 (a) Funeral director George J. Pumphrey Inc.
(b) Address 123 E. Fayette St.

19 (Registered by registrar) MAY 21 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1943, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 5/21 1943, and that I last saw him alive on 5/21 1943.

Immediate cause of death Abdominal Aortic Aneurism — Duration

Due to Hepatic Cirrhosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Md. Gen. Hosp. Date signed 5/21/43 M. D.

VS 3

G 04559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 04559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Barker

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Estelle Barker

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43 Yr			hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Estelle Barker
(b) Address 620 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-43 (month, day, year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mr. Kates R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received) MAY 22 1943 (b) Registrar's Office, Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 at 5-35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 19 1943 and that I last saw h[illegible] alive on May 19 1943

Immediate cause of death Cardiac failure

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. E. McMillan
Address University Hospital Date signed 5/19/43 (M. D.)

G 04560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 04560

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 N. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mary Frances Reinsfelder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-43

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Philip Joseph Reinsfelder
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Winifred Veronica Brady
15. Birthplace Baltimore, Md.

16 (a) Informant Bon Secours
(b) Address 2200 Saville St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Monument Ave

19 MAY 21 1943 (Date rec'd by Registrar) (By) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21- 1943, at 9:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1943, to 5-21 1943, and that I last saw her alive on 5-21 - 1943.

Immediate cause of death Congenital Atelectasis — Duration 2 hrs.
Due to Prematurity — 16 hrs. Gestation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Rogers M.D.
Address Bon Secours Hosp. Date signed 5/21/43

VS 3

G 04561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170

G 04561

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Gwynn Oak Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Gwynn Oak Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry A. Addison

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-07-9092

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret A. Addison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1882

8. AGE: Years 60 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business

FATHER
12. Name George M. Addison
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Grubb
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret A. Addison
(b) Address 3613 Gwynn Oak Avd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rdg.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

19 MAY 21 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 10.15

20. DATE OF DEATH May 19, 1943 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to May 19 1943, and that I last saw h-- alive on May 19 1943.

Immediate cause of death: Cardiac Arrest — Duration 2 hr.

Due to Perforated Gastric Ulcer & Peritonitis

Due to Pulmonary Embolism

Other Conditions Emphysema.
Senile Dementia.
(Include pregnancy within 3 months of death)

Date of operation 5/7/43

Major findings of operation: Perforated Gastric ulcer, Peritonitis.

of autopsy: X X —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Townsend M.D.

Address 806 N Fulton Ave Date signed 5/21/43.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

G 04562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution Caroline & Oliver Sts 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Glendale ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME [redacted] Agnes Mae Nickles

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph O. Nickles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15th 1880

8. AGE: Years	Months	Days	If less than one day
63	3	6	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frank Harper
13. Birthplace Virginia

MOTHER
14. Maiden Name Dora Lee
15. Birthplace Virginia

16 (a) Informant Mr. Elmer Nickles
(b) Address 3317 Rueckert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Leasure Funeral Home
(b) Address 7401 Belair Road

19 MAY 21 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943 at 12.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 21 1943 and that I last saw her alive on May 21 1943.

Immediate cause of death Peritonitis — **Duration**

Due to Perforation of Ulcer of Rectum Sigmoid Junction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/19/1943

Major findings of operation: As above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lynch

Address St Joseph Hosp Date signed 5/21/43 M.D.

VS 8

G 04563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Melrose & Roland Aves
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Nyman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53?			hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation no occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 21 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH about May 9th 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1943, to May 9 1943, and that I last saw him alive on May 9 1943

Immediate cause of death Chronic Myocarditis — Duration Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —0—

Major findings of operation: —0—

of autopsy: —0—

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F. White, M.D.
Address 76 W Eutaw Ave Baltimore, Md. Date signed May 11 1943

VS 180

0118

04564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04564
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robally Frank Johnson - Unknown

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
? 60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 20 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 21 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1943 at 11 A.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 2nd 1943

VS 181

6119

G 04565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 04565

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 N. Front St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N Front St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Fenaroli

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 20 hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mario Fenaroli
13. Birthplace Pa

MOTHER
14. Maiden Name Rafaela Lucille Deramo
15. Birthplace Md

16 (a) Informant Mother
(b) Address 209 N Front St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 21 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 20 1943, and that I last saw h[illegible] alive on May 19 1943

Immediate cause of death	Duration
Prematurity	
Due to 26 weeks	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry [illegible]
Address 2376 Eutaw Date signed 5/21/43

VS-9

0122

04566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 04566 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 N. Calvert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delmar Jacob Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1943

8. AGE: Years	Months	Days	If less than one day
			6 hr. 10 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Delmar Jacob Wood
13. Birthplace Eralysville, Virginia

MOTHER
14. Maiden Name Ida Elizabeth Drake
15. Birthplace Standardsville, Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 21 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 21 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1943, at 2.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Prematura

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isador Hurtzler M.D.
Address West Balto. Gen. Hosp. Date signed 5/14/43 M. D.

VS 180

T 0121

G 04567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 04567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian P Amendt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 - 85 9

8. AGE: Years	Months	Days	If less than one day
83	10	3	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jacob Amendt
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Pitter
15. Birthplace Germany

16 (a) Informant Mrs Martha Amendt
(b) Address 3010 White Ave

17 (a) Burial 13 Jun 10 1 (Burial, cremation, or removal) (b) Date thereof 5, 22-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 1305 Hollins Ferry Rd

19 (a) (Date) May 21 1943 Huntingtown Md (Signature) W. Hill (M. D.) Address 4508 Harford Rd Date signed 5-21-43

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to May 1943 and that I last saw h alive on 5-18 1943

Immediate cause of death Carcinoma Colon (Sigmoid) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Peake M. D.

G 04568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

Registered No. G 04568

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Greenmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casimir Mercuri

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Agnes Camillucci
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1870

8. AGE: Years 72 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Pasquel Mercuri
13. Birthplace Italy

MOTHER
14. Maiden Name Not Known
15. Birthplace Italy

16 (a) Informant Mrs. Dora L. Tittle
(b) Address 2308 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudant Memorial
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Filed MAY 21 1943 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1943 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6th. 1943, to May 19th. 1943.
and that I last saw h im alive on May 6th. 1943.

	Duration
Immediate cause of death: Coronary Occlusion	Immediate
Due to: ----	
Due to: ---	
Other Conditions: Myocarditis, Endocarditis	Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo W. Munga M.D.
Address 401 E. 25th. St. Date signed 5/20/43.

Howard J. Mullins, M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04569
433283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 04569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 3 - Box 190 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cassius Clay Cason

3 (b) If veteran, name war ?

3 (c) Social Security Account No.?

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Elena Tate

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 11-26-99

8. AGE: Years 43 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business General Merchandise

FATHER
12. Name Lewis Cason
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Nicholas
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-23-43 (month) (day) (year)
(c) Cemetery or crematory Riverside Cem
Location Norfolk Va

18 (a) Funeral director Geo. L. Bayer Jr
(b) 542 Rollins St

MAY 22 1943 (Date rec'd by registrar) (b) Huntington Williams Mort

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, 3 P. M. 55

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1943 to 5/20 1943 and that I last saw him alive on 5/20 1943

Immediate cause of death Ascending Paralysis | Duration
or Idiopathic porphyrinuria

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Thantlin
Address Johns Hopkins Date signed 5/23/43

VS 180

G 04570

433975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04570
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Windber
(If outside city or town limits, write RURAL and give town)
(d) Street No. R F D #1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank S Topko

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 8-?-81

8. AGE: Years	Months	Days	If less than one day
61 62	9	-	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Coal Miner
11. Industry or business Rieta Coal Co.

FATHER
12. Name Mike S Topko
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/43 (month) (day) (year)
(c) Cemetery or crematory
Location Johnstown Penna

18 (a) Funeral director Geo. A. Barker
(b) Address Fayette & Fayette

MAY 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943 at 8 A.M. 50

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 21 1943 and that I last saw him alive on May 21 1943.

Immediate cause of death Respiratory failure
Due to Ca of lung C metastasis to spine
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E. C. Thomlinson, M.D.
Address Johns Hopkins Date signed 5/24/43

G 04571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1178

Registered No. G 04571

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospitals 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)
(d) Street No. Francke Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE BEALE COCKEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	male	white	widowed

6 (b) Name of husband or wife Miriam Reese Cockey 6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Nov. 30. 1869

8. AGE: Years	Months	Days	If less than one day
73	5	19	hr. min.

9. Birthplace Baltimore County Md. (Town, county, and state)
10. Usual Occupation Clerk Alcohol Tax Unit
11. Industry or business Int. Rev. Dept. Retired 4yrs.

FATHER
12. Name George Beale Cockey
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie Emory
15. Birthplace Maryland

16 (a) Informant John Graff Cockey (Son)
(b) Address 2427 Pickwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22.1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore County Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 MAY 20 1943 (b) Date received MAY 22 1943 Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943, to May 19 1943. And that I last saw him alive on May 19 1943.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to Diabetes Mellitus	
Due to	
Other Conditions Post operative partial gastric resection	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Duodenal ulcer
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A. Brune
Address Lunvard & Hoyt Date signed May 19 1943 M. D.

VS 8

04572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Walpert Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis F. Haber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Service Station

11. Industry or business

FATHER
12. Name Henry Haber
13. Birthplace Germany

MOTHER
14. Maiden Name Mrs. Penning
15. Birthplace Germany

16 (a) Informant Bernard Haber
(b) Address 613 St Paul Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral Mary M Hatfield
(b) Address 501 E. 32nd St

19 (a) (Date received) MAY 22 1943 (Registrar) Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy, and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions Fracture right humerus & left tibia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 29 1943: 10 A M
(c) Where did injury occur? Greenmount & 25th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by auto. truck

23. Signature Robert H. Gratton M.D. Medical Examiner.
Date signed May 20 1943

G 04573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 maria St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 maria St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Estelle Simmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Williams
13. Birthplace Va

MOTHER
14. Maiden Name Nellie Edwards
15. Birthplace Va

16 (a) Informant Nellie Williams
(b) Address 2113 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Olivet

18 (a) Funeral director Chas H Alexander
(b) Address 1200 W Fayette St

19 MAY 22 1943 (b) Registrar
(Date rec'd by the Registr)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943, to May 18 1943, and that I last saw h alive on May 18 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Levinson M. D.

Address 803 W Fayette St Date signed May 19

VS 3

M. D. B. 1209-0

G 04574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1319

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3706 Gwynn Oak Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Albert Clark

(a) Residence: No. 3706 Gwynn Oak Ave. St., 28-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margie Rich

6. DATE OF BIRTH (month, day, year) March 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS No.-215-03-3507

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James A. Clark

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie Hindes

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. Margie R. Clark
(Address) 3706 Gwynn Oak Ave.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Loudon Park Cem. Date 5/22/43 19

19. UNDERTAKER John O. Mitchell & Son, Inc.
(Address) 1900 Eutaw Place

20. MAY 22 1943 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1943

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1943, to May 20, 1943

I last saw h[illegible] alive on May 20, 1943. Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1939
Cor. Interstitial Nephritis	1938
Cor. Myocarditis	1938
Other contributory causes of importance:	
Cerebral Hemorrhage	1943

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. W. Bishop M. D.

(Address) 501 S Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 04575
432413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a Registered No. G 04575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W. Franklin (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lonnie Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-43

8. AGE: Years	Months	Days	If less than one day
	3	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frankie Fields
13. Birthplace Md.

MOTHER
14. Maiden Name Hazel Thompson
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) [illegible] (b) MAY 22 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 at 1 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 20 1943 and that I last saw h[illegible] alive on May 20 1943
Immediate cause of death Hydrocephalus
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 50 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benetum D. Trapp M.D.
Address Johns Hopkins Hospital Date signed 5-22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Chiswell Dennis Reding + memorial Cem.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 04576
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 940 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilber L. Dunnock

3 (b) If veteran, name war W. W. #1

3 (c) Social Security Account No. 216-07-7597

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Viola Dunnock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1889

8. AGE: Years 53 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Taylor's Island, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charles Dunnock
13. Birthplace md

MOTHER 14. Maiden Name Annie Armstrong
15. Birthplace md

16 (a) Informant Viola Dunnock
(b) Address 940 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 43 (month) (day) (year)
(c) Cemetery or crematory Taylor Island
Location Eastern Shore Md

18 (a) Funeral director Elroy O Wilson
(b) Address 900 Brentley Ave.

MAY 23 1943 (b) Washington Williams, Registrar

VS 188

5/20/43 **MEDICAL CERTIFICATION** 8:45 P.M.

20. DATE OF DEATH May 20 1943, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943 to May 20 1943 and that I last saw h alive on May 20 1943.

Immediate cause of death (a) Organic Heart Disease — Duration Hrs/Days/Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature P. Grant Emerson M. D.

Address 1514 Linden Ave Date signed

4345 96
G 04577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

G 04577
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Stonesifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-43

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Lester Stonesifer
13. Birthplace Md

MOTHER
14. Maiden Name Cora Wright
15. Birthplace Md

16 (a) Informant Rosanda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 24 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Baughman Cemetery Carroll Co

18 (a) Funeral director H. Bankard & Sons
(b) Address Westminster Md

MAY 22 1943 (c) Signature Hugh Williams, Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 43 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to May 21 1943 and that I last saw her alive on May 21 43

Immediate cause of death: Mercury Poisoning — Duration: 5 days

Due to

Due to Application of Mercurial Ointment K.T.M.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dominick D. Traggia

Address Johns Hopkins Hospital Date signed 5-22-43

Robert Lee Graham M.D

G 04578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

G 04578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Nel-Mar Apts 1
(c) Hospital or institution: Brookfield & Whitelock Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Nel-Mar Aptsl Whitelock St Brookfield (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1873

8. AGE: Years: 70 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Work

FATHER
12. Name: Morris Caplan
13. Birthplace: Russia

MOTHER
14. Maiden Name: Molly
15. Birthplace: Russia

16. (a) Informant: Benjamin Snyder
(b) Address: Nel-Mar Apts 1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23, 1943 (month) (day) (year)
(c) Cemetery or crematory: Miskan Israel Cemetery
Location: Southern Ave

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 MAY 28 1943 (Date registrar) Hamilton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21, 1943, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1943, to 5/21 1943, and that I last saw h[illegible] alive on 5/20 1943.

Immediate cause of death: Acute Cardiac failure — Duration

Due to: Acute Pulmonary Edema

Due to: (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. L. Hornstein M. D.
Address: 5/21/43 733 Arlington St Date signed

G 04579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 04579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 South Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 W North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Adler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Late Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1873

8. AGE: Years	Months	Days	If less than one day
69 70	11	7	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Benjamin Adler
13. Birthplace Russia

MOTHER
14. Maiden Name Ada ?
15. Birthplace Russia

16 (a) Informant Julius Adler
(b) Address 3811 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

MAY 23 1943 Thurston Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1943, at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to May 22 1943, and that I last saw h alive on May 21 1943.

Immediate cause of death carcinoma of stomach — Duration 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Simon Lubetkine M. D.

Address 1720 E Eutaw Pl Date signed May 22/43

G 04580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution 1700 Block E. Monument st
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 E. Montgomery St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bella Grolnick

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Israel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name William Levinson
13. Birthplace Russia

MOTHER
14. Maiden Name Lena —
15. Birthplace Russia

16 (a) Informant Philip Grolnick
(b) Address 3532 Lucille ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd Cemet
Location Washington Blvd.

18 (a) Funeral director Sol Levinson Bros
(b) 1124-26 W. North ave

MAY 28 1943

19 (a) (Date rec'd by registrar) (b) Hunter for Rodriguez M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1943 at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1943, to 5/22 1943, and that I last saw h[illegible] alive on 5/22 1943.

Immediate cause of death Pulmonary Edema — Duration

Due to Cerebral Thrombosis

Due to

Other Conditions Arteriosclerotic CVD.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Max R. Goldstein M. D.
Address Sinai Hospital Date signed 5/23/43

G 04581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 04581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Kentucky Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Kentucky Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. FLUSKEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: John E.
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	29	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business:

FATHER
12. Name: Charles Witte
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eck
15. Birthplace: Germany

16 (a) Informant: Miss Helen Fluskey
(b) Address: 2104 Kentucky Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) MAY 23 1943 (b) (Date received by Registrar) Huntington Williams M.D.

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1943 to May 20 1943, and that I last saw her alive on May 19, 1943.

Immediate cause of death: Cardio-renal disease
Arteriosclerosis

Duration: 5 years, 2 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo. B. Seybert M. D.
Address 2802 Harford Rd Date signed 5-21-43

G 04582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04582 83B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Arundel Hotel.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry William Hamtte Dunkel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23- 1877

8. AGE: Years	Months	Days	If less than one day
66	2	28	hr. min.

9. Birthplace Pittsburgh Pa.
(Town, county, and state)
10. Usual Occupation Showman
11. Industry or business Sells & Nelson shows

FATHER
12. Name William W Dunkel
13. Birthplace Pa

MOTHER
14. Maiden Name Myrander
15. Birthplace Pa

16 (a) Informant William M Dunkel
(b) Address Millersburg Penna

17 (a) Removal-Burial (b) Date thereof 5 / 24 / 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Cliff N.Y.
Location New York

18 (a) Funeral director W. M. Cook Inc.
(b) Address 1211 St Paul St.

MAY 23 1943
(Date rec'd by Registrar)
(b) Huntington Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/43 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1943 to 5/21 1943 and that I last saw h alive on 5/21 1943

Immediate cause of death	Duration
Pulmonary edema	
Due to Pulmonary embolism	
Due to	
Other Conditions Cerebral Thrombosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wolf D. Goldstein M. D.
Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 04583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2417 Chesterfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24K 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Chesterfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas Schlenzberg

3 (b) If veteran, name war NO | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dorothy A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17 1873

8. AGE: Years 70 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Schmidsberger Furniture Co

FATHER 12. Name Conrad Schlenzberg
13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Empting
15. Birthplace Balto Md

16 (a) Informant Milton H. Schlenzberg
(b) Address 3315 Ramona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md

18 (a) Funeral director Milton Corpse
(b) Address 1 [illegible] Ave

19 (a) MAY 28 1943 (Date rec'd by registrar) (b) Thomas Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 7:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to May 21 1943 and that I last saw h alive on May 20 1943

Immediate cause of death	Duration
Acute hyphrite and Staphylococcus Anemia	6 days
Carcinoma of Stomach and Intestines	1 year 6 months
Acute Auricular Fibrillation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Schlenzberg M. D.
Address 2025 Eutaw Pl Date signed 5/24/43

G 04584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4701 Pennington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4701 Pennington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Wm Meyer

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 214-05-3774
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Viola May
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Jan 5, 1891
8. AGE: Years 52 | Months 4 | Days 15 | If less than one day: hr. min.
9. Birthplace: Columbus Ohio (Town, county and state)
10. Usual Occupation: Machinist
11. Industry or business: Bethlehem Fairfield

FATHER
12. Name: John Phillip
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Swinehagen
15. Birthplace: Columbus Ohio

16 (a) Informant: Mrs Viola Meyer
(b) Address: 4701 Pennington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Balto Md
18 (a) Funeral director: Wm H Cook Inc
(b) Address: St Paul & Preston
19 (a) May 23 1943 (b) Huntington Williams, M.D. (Deputy of the Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943 at 11:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to May 20 1943 and that I last saw h[illegible] alive on May 20 1943

Immediate cause of death: Coronary Thrombosis — Duration: 9 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leon D. Hooker
Address 700 Pennington Ave Date signed 5/21/43

VS 150

G 04585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04585 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd AND CALVERT
(c) Hospital or institution: UNION MEMORIAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 N. CALVERT ST (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS Adele SCHAEFER

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife EDWARD SCHAEFER
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) July 13 1871

8. AGE: Years 71 | Months 10 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation HWF.
11. Industry or business

FATHER
12. Name HENRY BUDNITZ (D)
13. Birthplace GERMANY

MOTHER
14. Maiden Name CONRADINE SENG (D)
15. Birthplace GERMANY

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-23-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore

18 (a) Funeral director Williamson Bros
(b) Address 1211 St Paul St

MAY 23 1943 (Date rec'd by registrar) Burlington Williamson Mgr

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 22nd 1943, at 3:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 20th 1943, to MAY 22nd 1943, and that I last saw her alive on MAY 22 1943.

Immediate cause of death Cardio - respiratory failure — **Duration**
Due to pneumonia - left lobar
Due to
Other Conditions advanced arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Newland Edward Day
Address Union Memorial Hosp Date signed 5-24-43

G 04586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04586 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & Johns St.
(c) Hospital or institution:
Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5916 Burgess Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Catherine Wilimena Evans.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife Mr. Alfred Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Mueller
15. Birthplace Germany

16 (a) Informant Alfred E. Evans
(b) Address 5916 Burgess Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore

18 (a) Funeral director Wilkinson & Son, Inc.
(b) Address 1217 N. Paul Street

19 (a) MAY 28 1943 (Date of registry) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 4:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 22 1943, and that I last saw her alive on May 21 1943.

Immediate cause of death	Duration
Coronary Thrombosis	6 days
Due to Arteriosclerotic heart disease	20 yrs.
Due to Generalized arteriosclerosis	25 yrs.
Other Conditions Diabetes mellitus; hypertension. (Include pregnancy within 3 months of death)	10 yrs.

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Carl S. Hellijas M. D.
Address 1404 Park Ave; Date signed 5/28/43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

G 04587

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State India (b) County .....
(c) City or town C/o British Consulate
(If outside city or town limits, write RURAL and give town)
(d) Street No. S.S. 289 Leonardo da Vinci (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME ILLI MALLI VEADALI × ELLIN

3 (b) If veteran, name war .....

3 (c) Social Security Account No. None

4. Sex M

5. Color or race Hindu

6 (a) Single, married, widowed, or divorced M.

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr) 1899

8. AGE: Years 44 | Months | Days | If less than one day hr. ..... min.

9. Birthplace India
(Town, county, and state)

10. Usual Occupation Coal man

11. Industry or business SS. 289 Leonardo

FATHER
12. Name Unknown
13. Birthplace -

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Norton Lilly & Co
(b) Address Court Sq. Bldg.

17 (a) Burial (b) Date thereof 5/ .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn

18 (a) Funeral director Wm Cook Jr.
(b) Address 1212 St Paul St

19 (a) MAY 23 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943 at 1 30 AM

21. I certify that I took charge of the remains described above, held an ..... thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumonia, lobular

Due to Myocarditis

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? While at work? .....
(d) Means of injury .....

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-22-43

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G 04588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 04588

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Lakeside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Lakeside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha C. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W.

6 (b) Name of husband or wife Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1865

8. AGE: Years	Months	Days	If less than one day
77 78	8	25	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August Walter
13. Birthplace Germany

MOTHER
14. Maiden Name Doretta Wilkending
15. Birthplace Germany

16 (a) Informant Matilda C.S. Stalfort
(b) Address 3307 Crossland Ave

17 (a) Burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E Fayette St.

19 (a) 5-25-1943 (b) Hampton Williams, Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 -- 1943, at 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 5/22/ 1943
and that I last saw her alive on 5/22/ 1943.

Immediate cause of death (a) Cerebral Hemorrhage

Due to (b) Hypertension & Arteriosclerosis

Due to (c) Arterio-sclerotic cardio-vascular-renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Trental M. D.
Address 1422 Park Ave Date signed 5/24/43

G 04589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150 C

G 04589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) Bay Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Catherine M. Beckham F 76220

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	Married

6 (b) Name of husband or wife Randolph Beckham
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo.) Oct (day) 2, 1920

8. AGE: Years	Months	Days	If less than one day
22	7	20	hr. min.

9. Birthplace Hortontown Va. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name Clarence Marshall
13. Birthplace Hortown Va

MOTHER
14. Maiden Name Maggie Marshall
15. Birthplace Temperanceville Va

16 (a) Informant Randolph Beckham
(b) Address 209 Harlem Av. Balt. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1943 (month) (day) (year)
(c) Cemetery or crematory Wattsville
Location Wattsville Va

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Virginia

19 (a) (Signature of registrar) (b) Registrar

MAY 24 1943 Accomac, Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1943, at 6.24 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 5/22 1943, and that I last saw h.e.r. alive on 5/22 1943.

Immediate cause of death Asphyxia due to Anesthesia

Due to Delivery of premature living female child (36 wks)

Other Conditions Fatal Hemorrhage of 2 L.P.C. Blds

(Include pregnancy within 3 months of death)

Date of operation 5/22/43 (Delivery)

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Douglass M. D.
Address 101 W. Read Date signed 5/23/43

G 04590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-82

8. AGE: Years	Months	Days	If less than one day
61	3	11	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel Montgomery
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Montgomery
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Edward Ulrich
(b) Address 5000 Reisterstown Rd

MAY 23 1942 (Date rec'd by registrar) (b) Registrar for Williamsburg

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1942, at 9:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942, to May 21 1942, and that I last saw him alive on May 21 1942.

Immediate cause of death Cardiac failure due to syphilitic aortic insufficiency — Duration 9 yrs.

Due to

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Syphilitic aortitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Anderson
Address Re John Hopkins Hosp Date signed 5/23/42

G 04591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 04591 Registered No. 134a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Married + Retired
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Braddish Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel H. Mazer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Fannie Mazer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909.

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morris Mazer
13. Birthplace Russia

MOTHER
14. Maiden Name Brina —
15. Birthplace Russia

16 (a) Informant Fannie Mazer
(b) Address 2035 Braddish Ave

17 (a) Burial (b) Date thereof May 25/43
(Burial, cremation, entombment) (month) (day) (year)
(c) Cemetery or crematory New London Conn
Location

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 W. North Ave

19 (a) (b)
(Date rec'd by registrar) Huntington Williamsport

MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 19 43, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1943 to 5/23 1943, and that I last saw h[illegible] alive on 5/22 1943.

Immediate cause of death Coronary Thrombosis

Due to Uremia

Due to Nephrosclerosis, Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/7

Major findings of operation: 5/10 Nephrosclerosis Arteriosclerosis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas E. Reigler M.D.
Address Sinai Hosp. Date signed 5/24/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04332½

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04592
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 W. Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Chase

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22. 1893

8. AGE: Years	Months	Days	If less than one day
50	-	22	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER 12. Name Alfred Chase
13. Birthplace Md

MOTHER 14. Maiden Name Sarah
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23. 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore County

18 (a) Funeral director Joseph A. Sisly
(b) Address 409 N. Mount Street

MAY 22 1943 (b) Registrar

Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 at 847 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to May 19 1943 and that I last saw her alive on May 19 1943.

Immediate cause of death Respiratory Failure — Duration 1 hr

Due to Uremia

Due to Chronic Nephritis

Other Conditions hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Uremic pericarditis, pleural effusion

of autopsy: small adrenal adenoma,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard E. C. Thewlis
Address Johns Hopkins Date signed May 22/43

Hamilton Williams, M.D.

04593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

Registered No. 04593

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Aves
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Durham St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Busch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1892

8. AGE: Years	Months	Days	If less than one day
50	8	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joshua Busch
13. Birthplace Md.

MOTHER
14. Maiden Name Miss Nellie Dudrow
15. Birthplace Md.

16 (a) Informant Mrs Lelia Busch
(b) Address 1704 N Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Belair Rd

18 (a) Funeral director Geo M Smith & Son
(b) Address 611 N Wolfe St.

19 MAY 24 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1943, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1943, to 5/22 1943, and that I last saw him alive on 5/22, 1943.

Immediate cause of death Myocardial Insufficiency and Degeneration.

Due to Hypertensive Heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Krapf, Jr. M.D.
Address Md. Gen. Hosp. Date signed 5/22/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a Reg. Dist. No.

G 04594

1. PLACE OF DEATH:

County

City or town: Baltimore · 6000 Belvoir Ave

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo 6 days

Hospital, institution, or street address where death occurred:

Edgewood Nursing Home · 7

How long in hospital or institution? 1 mo 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland Pennsylvania York.

City or town: Hanover. Pa.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 9 Fair Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Newton Francisco Bowers.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(d) Single, married, widowed, or divorced
M	W.	Married.

6.(b) Name of husband or wife: Rebecca Mathias

6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): Oct 17 1859.

8. AGE:

Years	Months	Days	If less than one day
83	7	6	hrs. min.

9. Birthplace: Adams County Pa.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Josiah Bowers.

13. Birthplace: Adams County. Pa.

MOTHER — 14. Maiden name: Edinda Riegle

15. Birthplace: Adams County Pa.

16. Informant: Mrs. S Walter Bowers.

Address: 3300 Bayonne Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 26 1943 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cemetery

Location: Hanover Pa.

18. Funeral director: W. G. Fraun

Address: Hanover Pa

19. MAY 24 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May. 23 1943, at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June -11 1942 to May. 23 1943 and that I last saw h alive on May 23 1943

Immediate cause of death: Chronic Myocarditis

DURATION: Indef

Due to:

Due to:

Other conditions: Arteriosclerosis Chronic Nephritis — Indef

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place, (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. E. Richardson M.D.

Address: 112 W. 25th St. Date signed: May. 23 43

G 04595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04595

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 N. Kenwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N. Kenwood Avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME JAMES A FRENCH

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4078

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ray C. (nee Haupt)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/18/84

8. AGE: Years	Months	Days	If less than one day
58 yrs	6	2	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Reese Corp.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ray C. French (wife)
(b) Address 704 N. Kenwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location 5806 Harford Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) MAY 24 1943 Huntington Williams M.D.
(b) Address 20 E. Eager St. Baltimore

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to May 20 1943 and that I last saw him alive on May 19 1943

Immediate cause of death Coronary Occlusion. — Duration

Due to

Due to

Other Conditions Benign hypertrophy of prostate. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm D Schmunek M.D.

Address 20 E. Eager St. Date signed 5/24/43

G 04596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 04596

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Crossland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Crossland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK ZEMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Mary (Nee Zunt) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/25/68

8. AGE: Years	Months	Days	If less than one day
75 yrs	3	27	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Zeman
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Marie Pitloun
15. Birthplace Czechoslovakia

16 (a) Informant Joseph S. Zeman (Son)
(b) Address 3615 Crossland Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) (b) Huntingtor Williams M.D.

MAY 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to May 22 1943, and that I last saw him alive on May 3 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	5/22/43
Due to Pneumonia of Lung	1/1/43
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Rogner R
Address 501 N Kenwood Ave Date signed 5/24/43

FB 280

04597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04597

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) ~~County~~

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1425 N. Wolfe (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leslie James Duty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	~~Separated~~ ~~Divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER

12. Name Owen Duty

13. Birthplace Va

MOTHER

14. Maiden Name Effie ?

15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May (month) (day), 1943 (year)

(c) Cemetery or crematory Bethel

Location Alexandria, Va.

18 (a) Funeral director Harper E. Pumphrey

(b) Address Silver Spring, Md.

19 MAY 24 1943 Huntington Williams M.D. Registrar

(Date filed) (Signature)

MEDICAL CERTIFICATION 30

20. DATE OF DEATH May 22 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943 to May 22 1943 and that I last saw him alive on May 22 1943.

Immediate cause of death Hypertensive Encephalopathy — Duration 10 hrs.

Due to Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hosp. Date signed 5/25/43

VS 186

G 04598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 04598

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 761 Melville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 Melville Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John T Lynch

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sarah E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 79 | Months 78 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Lynch
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Richard Lynch
(b) Address 761 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore Md

18 (a) Funeral director
(b) Address 1219 [illegible]

19 MAY 24 1943 (Date rec'd by Reg.) (Signature) for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to May 21 1943 and that I last saw her alive on May 20 1943

Immediate cause of death: Carcinoma of Lung — Duration: 1 year

Due to

Due to

Other Conditions: Generalized Sclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Hellman M. D.

Address 6 E Biddle St Date signed 5/25/43

G 04599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 04599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1738 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 E Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susana Szendef

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10th 1872

8. AGE: Years	Months	Days	If less than one day
71	—	10	hr. min.

9. Birthplace Germany (Town, County, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anton Hovaker
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Blase
15. Birthplace Germany

16 (a) Informant John P. Szendef
(b) Address 1738 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director William H Marack
(b) Address 315 Light St

19 MAY 24 1943 (Date received by Registrar) (b) Justice for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1943 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11/ 1943 to 5/20/ 1943 and that I last saw h Sr alive on 5/20/ 1943

Immediate cause of death: Cerabral hemorrhage. — Duration: 10 days

Due to

Due to

Other Conditions General and cerebral arterio sclerosis. (Include pregnancy within 3 months of death) — ?

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel

Address 1226 Hanover St. Date signed 5/21/43 M.D.

VS 180

G 04600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 04600 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 N Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 N Appleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Yetta Mofsovitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Isaac Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Cecelia ?
15. Birthplace Russia

16 (a) Informant Louis Mofsovitz
(b) Address 1631 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Landsdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

MAY 23 1943 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

10.00

20. DATE OF DEATH May 23, 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to May 23rd 1943, and that I last saw h[er] alive on May 23rd 1943

Immediate cause of death Pulmonary edema

Due to Coronary (Gyneist malade)

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
3 days
10 m.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Taubman M. D.

Address 100 N Fulton Ave Date signed 6/23/43

G 04601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 04601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Addie S. Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	7	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name John Hill
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Elizabeth C. Davis
15. Birthplace Baltimore County

16 (a) Informant Scott H. Garrity
(b) Address 1725 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick R. Cox
(b) Address 1700 W. Lanvale St.

MAY 27 1943 Date filed by registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 21, 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943, to 5-21 1943, and that I last saw h[illegible] alive on 5-20 1943.

Immediate cause of death
Cardio-renal
Due to hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration Several years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Leonard A Brach
Address 2229 St Paul St Date signed 5/21/43 M. D.

VS 280

04602
AB-81501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. C-04602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 E. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14- 1943

8. AGE: Years	Months	Days	If less than one day
			5 hr. 20 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Ernest Jones
13. Birthplace S.C.

MOTHER
14. Maiden Name Lillie May Hewitt
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records) 5 P.M

17 (a) Cremation (b) Date thereof 5-21-43
(month) (day) (year)
(c) ~~Cemetery or~~ crematory Baltimore City Hospitals
Location 4960 Eastern Ave

18 (a) Funeral director
(b) Address

MAY 24 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1943. at 10 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943. to May 14 1943, and that I last saw him alive on May 14 43.

Immediate cause of death Congenital Atelectasis — Duration 5 hrs.
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Balto. City Hosp. Date signed 5-17-43

VS 150 Hosp. Disp.

4603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04603
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Charles Apartments
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days): 12
(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: none
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 3333 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3 (a) FULL NAME: William R. Dorsey

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 213-01-2133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Ethel Hendrickson
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): March 29, 1876

8. AGE: Years	Months	Days	If less than one day
67	1	23	hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Kaiser Clock Company

FATHER
12. Name: Frank G. Dorsey
13. Birthplace: Md.

MOTHER
14. Maiden Name: Nellie Goslin
15. Birthplace: Md.

16 (a) Informant: Mrs. Ethel H. Dorsey
(b) Address: Charles Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

MAY 24 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-22 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to 5-22 1943, and that I last saw him alive on 5-21 1943

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration: 48 Hours

Due to: ARTERIOSCLEROSIS / HYPERTENSION — 10 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: John L. Dorsey M. D.
Address: 1129 St. Paul St. Date signed: 5-22-43

VS 250

G 04604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

Registered No. G 04604

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2544 W Baltimore St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2544 W Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14-1870

8. AGE: Years	Months	Days	If less than one day
72	8	7	— hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name	Wm F. Miller
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Caroline Kraus
MOTHER — 15. Birthplace	Germany

16 (a) Informant Emma E. Miller
(b) Address 2544 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/43 (month, day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director J. S. Waltjen & Son
(b) Address 300 Eutaw Place

MAY 24 1943 Registrar Hattie Lee Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1943, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1943 to May 21 1943, and that I last saw h[im] alive on 5/21 1943.

Immediate cause of death: Arterio-Sclerotic G.V.D. Concussion of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel J. Hamilton M.D.
Address 731 Eutaw Pl Date signed 5/24/43

G 04605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

G 04605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) -0-
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2923 Silver Hill Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John V. Shultz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband ~~or wife~~ late Cecelia nee Lester 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1861

8. AGE: Years	Months	Days	If less than one day
81	11	16	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Arundel Corporation

FATHER
12. Name — Shultz
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant J. Elmer Shultz
(b) Address 2923 Silver Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 E. [illegible]

19 (a) MAY 24 1943 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 7:55 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942, to May 21 1943, and that I last saw h[illegible] alive on May 19 1943.

Immediate cause of death Endarteritis Obliterans — Duration

Due to

Due to

Other Conditions Gangrene of the leg
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterson, M.D.
Address 2324 Reisterstown Rd Date signed 5/25/43

G 04606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 04606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo, 20 days 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 36th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard Cavey

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9233

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ida (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1904

8. AGE: Years	Months	Days	If less than one day
38	6	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation CHAUFFEUR.
11. Industry or business PARRISH TRANSFER.

FATHER
12. Name Maurice Cavey
13. Birthplace Maryland

MOTHER
14. Maiden Name Bertha Lowman
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/43 (month) (day) (year)
(c) Cemetery or crematory New National Location Frederick Road

18 (a) Funeral director Skinner & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) MAY 25 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1943, at 9 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1943 to 5-21 1943, and that I last saw him alive on 5-21 1943.

Immediate cause of death Abdominal carcinomatosis probably secondary to Ca of stomach — Duration 7 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation In Dec.
Major findings of operation Opened abdomen; abdom. found
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Haase, M. D.
Address Balto. City Hosp. Date signed 5-21-43

G 04607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

Registered No. G 04602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. V
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Southern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lillian M. Boston.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Wm. F. Boston
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1890

8. AGE: Years	Months	Days	If less than one day
53	4	8	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac S. Saylor.
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma K. Mosser.
15. Birthplace Pa.

16 (a) Informant Wm. F. Boston
(b) Address 2801 Southern Ave

17 (a) Burial (b) Date thereof May 24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Edmondson & Sons
(b) Address 3615-17 Harford Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

VS MAY 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 6 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1943 to May 20 1943 and that I last saw her alive on May 20 1943

Immediate cause of death
Bronchopneumonia
Due to Rheumatic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration
days
months
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature George Dawson
Address 4808 Harford Rd Date signed 5/24/43

G 04608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04608 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3410 Grantley Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 H

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3410 Grantley Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA LOUISE OLGA BUSER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Herman Buser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1855

8. AGE: Years	Months	Days	If less than one day
87	6	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name -- Liebenow

13. Birthplace Germany

MOTHER

14. Maiden Name -- Perlitz

15. Birthplace Germany

16 (a) Informant Miss Emma Buser

(b) Address 3410 Grantley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (a) (b)

Registrar

MAY 24 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to May 21 1943, and that I last saw her alive on May 20 1943

Immediate cause of death Myocarditis — Duration about 5 mo

Due to Arteriosclerosis — P

Due to

Other Conditions Myocarditis — about 5 mo

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter S. Tabbett M. D.

Address 2220 Harrison Blvd Date signed May 22/43

G 04609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 12

G 04609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 E. 26th St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmena Romoser (Wilhelmina C. (Winnie) Romose

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	F	W	W

6 (b) Name of husband or wife Gustav A. Romoser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	8	3		

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Wm. Anthony Noellgen
13. Birthplace Germany

MOTHER
14. Maiden Name ???
15. Birthplace Germany

16 (a) Informant Wilhelmena Romoser
(b) Address 332 E. 26th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 24 1943 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943, to May 22 1943, and that I last saw h[illegible] alive on May 21 1943.

Immediate cause of death Cardiac Failure

Due to Carcinoma of Bladder with Metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Turney M. D.
Address Mercy Hospital Date signed 5-22-43

G 04610 ✓ G 04610

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for women of Md. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Allegheny Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Gordon Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Robt. Owens

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 6/07/1869

8. AGE: Years	Months	Days	If less than one day
73	11	[redacted]	hr. min.

9. Birthplace Chestertown, Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Dr. Laurence Ricaud
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden Name Elizabeth Miller
15. Birthplace ?Kent Co., Md.

16 (a) Informant Admission sheet
(b) Address

17 (a) Burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) MAY 25 1943 (b) Huntington Williams, M. D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-43 19 , at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 19 43 to 5-23 19 43.
and that I last saw h er alive on 5-23 19 43.

Immediate cause of death	Duration
Cardiac - Resp failure	1 day
Due to Pneumonia	15 days
Due to (over)	
Other Conditions Probable "silent" cerebral - vascular accident	3-4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irvington E. Leslie M. D.
Address Hosp. for Women of Md. Date signed 5/25/43

04611

G 04611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 | a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts.

(c) Hospital or institution: Franklin Square Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 928 Chauncey Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Weiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
—	—	—	2 hr. 40 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Felix Weiner

13. Birthplace

MOTHER

14. Maiden Name Aberman

15. Birthplace Balto.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL MAY 24 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) MAY 24 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1943, at 4 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1943, to May 18, 1943, and that I last saw h[illegible] alive on May 18, 1943.

Immediate cause of death

Atelectasis - bilateral

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Atelectasis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 5/22 M. D.

VS 3

T 0124

G 04612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

G 04612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Belair Rd.
(c) Hospital or institution:

8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Belair Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH KIRKNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Wm. F. Kirkner
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 24, 1883

8. AGE: Years	Months	Days	If less than one day
59	11	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Fred Apple
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Wm. F. Kirkner
(b) Address 2309 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director H. Sander & Sons, Inc.
(b) Address North & Broadway

19 (a) MAY 24 1943 (Signature of Registrar) Hamilton Hill Registrar (b) Registered

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1943 at 1:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9- 1937, to 5-21- 1943, and that I last saw her alive on 5-21- 1943.

Immediate cause of death	Duration
Cerebral Thrombosis	20 days
Due to Arteriosclerosis	1937
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin C. Kaufman M. D.
Address 2117 Belair Rd Date signed 5-22-43

G 04613 ✓ G 04613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Brookfield Ave. & Whitelock Edward Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edward Apts.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN R. OPPENHEIM.

3 (b) If veteran, name war ------
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jere Oppenheim
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1869
8. AGE: Years 74 | Months 3 | Days 20 | If less than one day hr. min.
9. Birthplace Harpers Ferry (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Maurice Rosemberg,
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Germany.

16 (a) Informant Mr. Jere T. Oppenheim,
(b) Address Edward Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levi Funeral Home Inc.
(b) Address 1902 Eutaw Place

19 (a) MAY 24 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd. 1943, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1942 to May 23, 1943, and that I last saw her alive on May 23 1943.

Immediate cause of death: Coronary Thrombosis — Duration 3 mos.
Due to: Chronic Myocarditis — Duration 2 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Levi M. D.
Address 3721 Pk. Heights Ave. Date signed 5/24/43.

I certify that the above statements are correct as far as known. Physicians: please write the causes of death clearly and legibly. Information is especially important.

04614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04614 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Aglehard, (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	W

6 (b) Name of husband or wife Thomas Brown (Deceased) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1900

8. AGE: Years	Months	Days	If less than one day
43	1	21	hr. min.

9. Birthplace Aglehard, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Thomas Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester Butler
15. Birthplace Maryland

16 (a) Informant Nellie Brown
(b) Address Aglehard, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/43 (month) (day) (year)
(c) Cemetery or crematory Cross Roads
Location Waterbury Md

18 (a) Funeral director B. Tyman
(b) Address Annapolis

19 (a) MAY 24 1943 (Date received by Registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1943, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943, to May 23 1943, and that I last saw h[illegible] alive on May 23 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Unknown. — Duration

Due to Ruptured embolism — Duration

Other Conditions Ventral Hernia — Duration

(Include pregnancy within 3 months of death)
Date of operation: May 9, 1943
Major findings of operation: Ventral hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert B. Turney M. D.
Address Mercy Hosp. Date signed 5/24/43

04615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden aves.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4315 Groveland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl T. Ebsworth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elsie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 12, 1885

8. AGE: Years 57 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B & O Railroad

FATHER
12. Name T. J. Ebsworth
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma C. Mardaga
15. Birthplace Maryland

16 (a) Informant Wife
(b) Address 4315 Groveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director George Schilling & Son
(b) Address 9624 Greenmount Ave

19 MAY 25 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1943, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 1943, to May 23, 1943, and that I last saw him alive on May 23, 1943.

Immediate cause of death: Myocardial degeneration — Duration

Due to: Hypertensive Cardio vascular disease

Due to:

Other Conditions: Pulmonary edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krapp, Jr. M. D.
Address Md. Gen. Hosp. Date signed 5/23/43

VS 3

G 04616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13B

Reg. Dist. No.

G 04616

1. PLACE OF DEATH:

County

City or town: Balto Co. 7847 Wash. Blvd

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(Use newborn infants given residence of mother)

State Maryland County Balto Co.

City or town: Rural Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ora Marie Hall

3.(b) Social Security Number

4. Sex: F | 5. Color or race: W | 6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec 31 1942

8. AGE: Years | Months: 4 | Days: 23 | If less than one day: hrs. ... min.

9. Birthplace: Balto Co Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER'S NAME

12. Name: Joseph Lykell

13. Birthplace: Ireland Ind

14. Maiden name: Anna Mary Whitford

15. Birthplace: Ireland Ind

16. Informant: Joseph L. Hall

Address: Bayard Ind.

17. Burial (Burial, cremation, or removal): Date buried: May 28/43 (month) (day) (year)

Cemetery or crematory: Bay Hill

Location: Bayard Ind.

18. Funeral director: Wilkerson & Sneddon

Address: Bayard, Ind.

19. MAY 28 1943 Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24th 1943, at 12:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 24 1943 and that I last saw her alive on May 23, 1943.

Immediate cause of death

Pulmonary Tuberculosis (ulceration)

Due to

Due to

Other conditions

DURATION: 6 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

22. SIGNATURE Harvey Yates M. D. or other

Address 517 Scott St. Date signed 5-24-43

B 04617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VG 04617 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Overlea Baltimore County
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4715 Ridgeway Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winifred Furness

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Edw Furness
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) May 8 1892

8. AGE: Years	Months	Days	If less than one day
50	9	17	hr. min.

9. Birthplace England (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Walter Harris
13. Birthplace England

MOTHER
14. Maiden Name Sarah Chalmers
15. Birthplace England

16 (a) Informant Edw Furness
(b) Address 4715 Ridgeway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25th (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location City

18 (a) Funeral director Wilbur Trumbo
(b) Address 2060 Allendale

19 (d) MAY 24 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & no autopsy thereon and from the evidence obtained by said Inquiry & no autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 22 1943

VS 6

G 04613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04618 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Dists Gen. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 2nd (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 160 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry W. Waltz

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 214-01-5741

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12, 1881

8. AGE: Years	Months	Days	If less than one day
62	1	22	hr. min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Francis W
13. Birthplace Md.

MOTHER
14. Maiden Name Susan A. Rinkard
15. Birthplace Md.

16 (a) Informant Family
(b) Address 160 Light St

17 (a) S. (Burial, cremation, or removal) (b) Date thereof 5-7-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Loudon Park

18 (a) Funeral director J. J. McCarthy
(b) Address 5 & 7 S. Eutaw

MAY 22 1943 (Date filed by Registrar)
(b) Huntington Williams, M.D. Address 1213 Light St.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1943, to 5-21 1943, and that I last saw [him] alive on 5-21 1943.

Immediate cause of death Septicaemia
with focal embolic
Due to Carbuncle of neck
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Emboli in lungs

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Andrew Zeller M.D.
Address 1213 Light St. Date signed 5/21/43

VS 180

G 04619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04619 Registered No. 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Ridgely Ave St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis W Schmidt

3 (b) If veteran, name war —

3 (c) Social Security Account No. A.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Wid

6 (b) Name of husband or wife Elizabeth Engleberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep. 6, 1879

8. AGE: Years	Months	Days	If less than one day
64	1	16	hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Ger

MOTHER
14. Maiden Name Mattie Wolf.
15. Birthplace Ger

16 (a) Informant Family
(b) Address 500 E. Fort Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-26-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Road

18 (a) Funeral director James J. McCurdy
(b) Address 1600 E. Fort Ave

19 MAY 27 1943 (Date rec'd by registrar) (b) Hunter's Point, Md. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 7:30 P M

21. I certify that I took charge of the remains described above, held an Inquest & Inspection thereon and from the evidence obtained at Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 23rd 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

G 04620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 E MADISON (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Cooley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widower

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1890

8. AGE: Years	Months	Days	If less than one day
53	3	8	hr. min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Cooley
13. Birthplace ?

MOTHER
14. Maiden Name EDNA
15. Birthplace ?

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Henderson N. Carolina

18 (a) Funeral director Mrs Robert A. Elliott Dept
(b) Address 1129 N. Caroline St.

19 MAY 24 1943 (b) [illegible] Williams, M.D. Registrar
(Date rec'd by city registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death — Duration

Cardiac Failure
Due to (? Coronary Thrombosis)
Due to Hypertensive
Other Conditions Cardiovascular disease ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The John Hopkins Hosp. Date signed 5/23/43

G 04621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04621 Registered No. 166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbert Eckels

3 (b) If veteran, name war

3 (c) Social Security Account No. 239-14-5710

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1920

8. AGE: Years	Months	Days	If less than one day
22	9	26	hr. min.

9. Birthplace Bellers Creek N.C
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Eckels
13. Birthplace Hopkins N.C

MOTHER
14. Maiden Name Claudia Starbuck
15. Birthplace Bellers Creek N.C

16 (a) Informant John Henry Eckels
(b) Address 623 N. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr. Katye R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 22 1943 (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of abdomen

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 19 1943 at 9:35 P.M.
(b) Where did injury occur? Harlem Ave near Eighth Place
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work?
(d) Means of injury shot

23. Signature Robert Lee Gutierrez M.D.
Medical Examiner.
Date signed May 20 1943

AB-81562 G 04622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04622 Registered No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not use ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Clayborne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23-1913

8. AGE: Years	Months	Days	If less than one day
30	2	27	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation House Maid
11. Industry or business

FATHER
12. Name Henry Love
13. Birthplace Va.

MOTHER
14. Maiden Name Elva Robinson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1943 (month) (day) (yr.)
(c) Cemetery or crematory Bon Secours Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 24 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1943 at 4.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1943 to 5-20 1943, and that I last saw her alive on 5-20 1943

Immediate cause of death	Duration
(a) Uremia	?
Due to (b) Arteriolar nephrosclerosis	?
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy Nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-21-43

G 04623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 04623
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1061 W Lex. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mo 22 dy.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1061 W Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeremiah Sypres

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1942

8. AGE: Years	Months	Days	If less than one day
	11	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Benjamin Sypres
13. Birthplace Jackson, N. C.

MOTHER
14. Maiden Name Lucy Walker
15. Birthplace Jackson, N. C.

16 (a) Informant Lucy Sypres
(b) Address 1061 W Lex. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie A Williams
(b) Address 1609 Schroeder St

19 (a) MAY 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to May 22 1943 and that I last saw h alive on May 21 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 dys.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wallis Shevington M. D.
Address 201 N Carey St Date signed 5-24-43

VS 1

G 04624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04624 / 131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N. Schroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bonnie Tynes Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife William Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1896

8. AGE: Years	Months	Days	If less than one day
46	11	14	hr. min.

9. Birthplace Newport News Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Bud Tynes
13. Birthplace Va

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Cater Lovgood
(b) Address 208 N. Schroeder St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) [redacted] Mrs Kate R. Williams
(b) Address [redacted] 332 N. Schroeder St.
19 (a) (Date rec'd by registrar) (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 19 1943.
and that I last saw h alive on 19
Immediate cause of death Uremia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas L Wilson, M.D.
Address University Hospital Date signed 5/19/43

VS 3

G 04625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 04625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 N. South Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 36 4/5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1815 N. South Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marian M. Ridgely

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry Ridgely | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1879

8. AGE: Years 63 | Months 10 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation House keeper

11. Industry or business At home

FATHER
12. Name John Burk
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Rachel E. Beckley
15. Birthplace Howard Co Md

16 (a) Informant Mrs. J. E. Walter
(b) Address 7619 Hunsdon Rd. Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Co Md

18 (a) Funeral director Walter Lamotrax
(b) Address 1003 N. Baltimore St

19 (a) (Date received by registrar) (b) Registrar

MAY 24 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1935, to May 22 1943, and that I last saw h[illegible] alive on May 20 1943

Immediate cause of death: Massive Hemorrhage
Due to: Pulmonary Tuberculosis — Duration: about 2 yrs.
Due to:
Other Conditions: Syphilis — Contributory
(Include pregnancy within 3 months of death)

Date of operation: no operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joshua H. Amaegst M. D.
Address 6419 Windsor Mill Rd Date signed May 23 1943

G 04626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 04626

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1333 Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 Gilmor St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Estelle Jenifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Widowed

6 (b) Name of husband or wife Arthur Jenifer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28. 1890

8. AGE: Years	Months	Days	If less than one day
52	—	24	hr. min.

9. Birthplace St. Marys Co. Md (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business Own home

FATHER
12. Name Arlenius Curtis
13. Birthplace St. Marys Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace St. Marys Co. Md.

16 (a) Informant Mrs. Aline Jenifer
(b) Address 1333 Gilmor St.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Jos. H. Kelso
(b) Address 1424 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1943 at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21-1943, to 5-22 1943, and that I last saw her alive on 5-21-1943.

Immediate cause of death Myocarditis — Duration Unknown

Due to Unknown

Due to

Other Conditions Bronchial asthma and Hypertension, — Duration unknown
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 5-23-43

G 04627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

G 04627 Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 Ettings St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Ettings St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Lee Johnson

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex female | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 23 1901

8. AGE: Years	Months	Days	If less than one day
42	1	29	hr. min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Home work

FATHER
12. Name Louis Lee
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie Boyer
15. Birthplace Maryland

16 (a) Informant Mrs. E. Buttler
(b) Address 2121 Ettings St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Md
18 (a) Funeral director Reg. A. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 24 1943 Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1- 1942 to 5-22- 1943, and that I last saw her alive on 5-22 1943

Immediate cause of death Carcinoma Uteri — Duration 8 Mo
Due to Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St Date signed 5-24-43

DUNTON

G 04628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633. N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633. N. Gilmor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice. Corbin. Dunton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sam. Dunton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 13, 1881

8. AGE: Years 62 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Gurnay Jones
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Samuel Dunton
(b) Address 1633. N. Gilmor Bt

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof May 26-43 (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. A. Co

18 (a) Funeral director Sam'l. H. Chase & Son
(b) Address 638. N. Gilmor St

19 (a) MAY 24 1943 (Date received by Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 1:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1943, to Apr 23 1943, and that I last saw h alive on Apr 23 1943.

Immediate cause of death Coronary Thrombosis — Duration Unknown

Due to Bronchopneumonia — Duration 7 days

Due to Hypertension — Duration Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Thomas Fray M. D.
Address 1928 Penna Ave Date signed 5/24/43

VS 150

G 04629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Castle St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta C. Kloess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	married

6 (b) Name of husband or wife John A. Kloess
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 27 1887

8. AGE: Years	Months	Days	If less than one day
55	6	25	24 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Steinmetz
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Hauseder
15. Birthplace Germany

16 (a) Informant Mrs. Meriel Bernstorff
(b) Address 622 N. Castle St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem. Location Govans, Md.
18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St.
19 (a) (b) Huntington Williams M.D.

(Date rec'd by registrar) MAY 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1943 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14/42 19 to 5/21 1943. and that I last saw h alive on 5/11 1943.

Immediate cause of death: Cardio-renal - vascular disease -
Due to: Myocardial insufficiency.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A Bauter
Address 1517 E Monta Date signed 5/24/43

G 04630 T.N 81122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1477

G 04630 Registered No.

PRESS WHITE PENCIL WITH UNFADING INK. Every item of information should be carefully supplied. Any item for which correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mack Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1886

8. AGE: Years	Months	Days	If less than one day
57	4	8	hr. min.

9. Birthplace S.C (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Joseph Grant
13. Birthplace S.C

MOTHER
14. Maiden Name Laura ?
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)
(c) Cemetery or crematory Christus Mem. Park
Location Baltimore Co., Md

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St

19 (a) (Date rec'd by registrar) (b)

MAY 27 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1943, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943, to 5-21 1943, and that I last saw him alive on 5-21 1943.

Immediate cause of death Carcinoma of Lung — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp Date signed 5-22-43

G 04631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04631 Registered No. 13 N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 W Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 W Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mergie Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Chas. Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2/10/93

8. AGE: Years	Months	Days	If less than one day
50	3	11	hr. min.

9. Birthplace Greenville S.C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Elsie Smith
13. Birthplace S. C.

MOTHER
14. Maiden Name Annie ?
15. Birthplace S. C.

16 (a) Informant Fannie Smith
(b) Address 1035 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)
(c) Cemetery or crematory Antietam
Location Balto Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 111 W Lanvale St

MAY 24 1943 (Date rec'd by Registrar) (b) Huntington Wilkinson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/1943, at 1045 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1942 to 2/12 1943, and that I last saw her alive on 2/12 1943.

Immediate cause of death Cardio-Vascular Renal Disease - Hypertension — Duration 4 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Cook Advertising Co.
Address Date signed
For C. H. Waesche M.D. M.C.

G 04632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04632 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital G
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1312 N. Dallas St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lonie Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Samuel Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1887

8. AGE: Years	Months	Days	If less than one day
56	3	2	22 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Neat
13. Birthplace Va

MOTHER
14. Maiden Name Alice Robertson
15. Birthplace Md.

16 (a) Informant Alice Thompson
(b) Address 1312 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. A. County Md

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23- 1943, at 2.30 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 5-24-43

G 04633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4502 Garrison Boulevard
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) --15-10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4502 Garrison avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ANDREW REITER, JR.

3 (b) If veteran, name war ----
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: white.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Weaver Reiter
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) April 3, 1885
8. AGE: Years 58 | Months 1 | Days 18 | If less than one day: hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Wholesale Grocers

FATHER
12. Name Andrew Reiter
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Marx
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marie Weaver Reiter
(b) Address 4502 Garrison avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas J. Evans & Son Inc
(b) Address 118 W. Fayette Street

MAY 24 1943 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943 at 7a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1940 to 5/21 1943 and that I last saw him alive on 5/20 1943.

Immediate cause of death: Coronary occlusion — Duration 12 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roberta A. Reiter M. D.
Address 3408 Windsor Ave Date signed 5/24/43

VS 3

G 04634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 B

G 04634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 N Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 N. Calvert st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Maud J. Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Judson Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30. 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	1	23		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Plummer
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Clay
15. Birthplace Maryland

16 (a) Informant Richard J Hunt
(b) Address 3210 N. Calvert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Baltimore Md

18 (a) Funeral director Chas. E. Fraver
(b) Address 802 Madison Ave

19 (a) MAY 24 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1943 to May 23 1943 and that I last saw her alive on May 22 1943.

Immediate cause of death	Duration
cerebral thrombosis.	10 min.
Due to arteriosclerosis.	1 year
general)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest K. Mortimer M.D.
Address 2706 St Paul St Date signed 5/24/43

VS 3

04635

AB-27528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04635
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs. 5Mos. 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 140 Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Kent.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Addie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3-1874 ?

8. AGE: Years	Months	Days	If less than one day
68?	9?	15?	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Kent
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie Johnson
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 24 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 24 1943 (b) Huntington Mills, Maryland

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18 1943, at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1941, to 5-18 1943, and that I last saw h[illegible] alive on 5-18 1943.

Immediate cause of death	Duration
Cardiac failure	3
Due to Hypertension & C.V. disease	5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-21-43

F 0126

4636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1100

G 04636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Chechen St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES CARR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 24 1943
Commissioner of Health

18 (a) Funeral director
(b)

19 (a) MAY 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1943, at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pleurisy, Chronic suppuration — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaker M.D. Asst Medical Examiner.

Date signed 4-10-43

0 25

04637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04637
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 S. Bond St. Rooms
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank T. Hunt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 24 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 24 1943 Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-1943, at 6 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia
Due to
Other Conditions Coronary Sclerosis
+ Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallett M.D.
Medical Examiner.
Date signed 5/12/43

6127

04638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly answered. Where the information is not known, or the question does not apply, write "unknown" or "not applicable." The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Groveland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Groveland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME A. KATHARINE BIDDISON

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Z. Mason Biddison, Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	15	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Kalb
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Z. M. Biddison
(b) Address 3906 Groveland Ave.

17 (a) Burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) MAY 24 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~Apr~~ May 22 1943 at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1943 to May 22 1943 and that I last saw h~~er~~ alive on May 21 1943

Immediate cause of death Cerebral Hemorrhage and paralysis — Duration a weeks

Due to Hypertension and advanced Arteriosclerosis — Duration ?

Due to

Other Conditions Acute parenchymatous nephritis 2 weeks — duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Stabler M. D.
Address 220 Garrison Blvd. Date signed 5/22/43

VS 250

G 04639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1111 "C" Street~~
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~5 yrs~~ 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 "C" Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frank C. Eldred

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Eldred
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 3 - 30 - 1861

8. AGE: Years	Months	Days	If less than one day
75	1	24	____ hr. ____ min.

9. Birthplace Watkins, New York (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Samuel Eldred
13. Birthplace New York

MOTHER
14. Maiden Name Anna Trout
15. Birthplace New York

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ____ (Date received by Registrar) (b) ____ (Registrar's signature)

MAY 24 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1943, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1943, to May 24, 1943, and that I last saw him alive on May 24, 1943.

Immediate cause of death	Duration
Thrombosis	6 days
Due to Gangrene of toe	Month
Due to Diabetes mellitus	
Other Conditions Arteriosclerotic heart disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. David Bockstael, M. D.
Address Church Home & Hospital Date signed 5/24/43

G 04640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04640 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3105 E. Baltimore St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3105 E. Baltimore St.
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Howard P. LeBrun

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-8839

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Henrietta Manning

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	29	25 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Grain handler P.R.R.

11. Industry or business

FATHER

12. Name John E. LeBrun

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Charlotte Gear

15. Birthplace Baltimore Md.

16 (a) Informant Wife

(b) Address 3105 E. Baltimore St.

17 (a) Burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway

19 (a) (b) Huntingtown Williamsport, Md.

MAY 24 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943 at 1 a m

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 23 1943 and that I last saw h[illegible] alive on May 23 1943

Immediate cause of death Cerebral Hemorrhage

Due to Mitral Stenosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 2936 E Balt Date signed May 24 1943

G 04641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 04641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Parklawn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Parklawn Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John F. Yeager Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Christina Domeier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1860

8. AGE: Years	Months	Days	If less than one day
82	5	27	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George Yeager
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant John F. Yeager Jr.
(b) Address 3416 Parklawn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) MAY 29 1943 (Date rec'd by registrar) Thomas Jon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1943, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15- 1943, to 5-22- 1943, and that I last saw him alive on 5-22- 1943

Immediate cause of death Chronic Valvular heart disease — Duration ?
Due to Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fulton C. Lang M. D.
Address 2117 Belair Rd Date signed 5-24-43

VS 150

G 04642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 105

G 04642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 9-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 E Lafayette St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Schafer, Charles S.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Emma Ramsaur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1868

8. AGE: Years 74 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace: Baltimore Baltimore, Md (Town, county, and state)

10. Usual Occupation: Pensioned
11. Industry or business

FATHER
12. Name: John Y. Schafer.
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Caroline Geistel
15. Birthplace: Balto Md

16 (a) Informant: Caroline A. Schafer Daughter
(b) Address: 1312 E Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 1943 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Balto Md

18 (a) Funeral director: George J. Ruth Inc
(b) Address: 1795 Edmondson Ave.

19 (a) MAY 24 1943 (Registered by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1943, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1943 to 5-23 1943 and that I last saw him alive on 5-23 1943.

Immediate cause of death: Asphyxiation
Due to: Acute Edema of Glottis & Epiglottis
Due to: Probably Suffocation
Other Conditions:

(Include pregnancy within 3 months before death)
Date of operation: 5-23-43 Autopsy?
Major findings of operation:
Autopsy postponed after death

Duration
2 days
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William Hyman M.D.
Address: St. Joseph Hospital Date signed 5-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Huntington Williams M.D.

G 04643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D Registered No. G 04643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 Kennedy Ave.
(c) Hospital or institution:

9-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Balto.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Kennedy Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MISS RUTH FOSTER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-03-8218

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: no
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4.1894

8. AGE: Years 48 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation retired clerk
11. Industry or business

FATHER
12. Name William Foster
13. Birthplace MD.

MOTHER
14. Maiden Name Mollie Hackett
15. Birthplace Md.

16 (a) Informant W.T.Davis
(b) Address 2005 Kennedy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25.1943 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE Md.

18 (a) Funeral director John O. Hatchett & Sons
(b) Address 1900 Eutaw Place

19 (a) (To be filled in by registrar) (b) Registrar

VS 136

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22.1943 19 , at 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943. to May 22 1943. and that I last saw h[illegible] alive on May 17 19 43

Immediate cause (a) Dilation of the heart
Due to Chronic Nephritis
Due to heart Disease
Other Conditions

Duration: 2 y

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2005 N.Charles St. Date signed

G 04644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04644 Registered No.

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 Bonaparte Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Bonaparte Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith R Lowe

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74	-	-	hr. min.

9. Birthplace Manchester England
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Robert Graham
13. Birthplace England

MOTHER
14. Maiden Name Mc Puthridge
15. Birthplace England

16 (a) Informant Mrs Cham
(b) Address 820 Bonparte Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 26 1943 (month) (day) (year)
(c) Cemetery or crematory Franklin Mass.
Location

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. Fayette St

19 (a) MAY 24 1943 (Date rec'd by registrar) Huntington Williams Md Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942 to May 22 1943 and that I last saw her alive on May 22 1943.

Immediate cause of death Pernicious Anemia — Duration 3 yrs.
Due to
Due to
Other Conditions Chronic Myocarditis — 2 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B Wolfe
Address 1331 E Wath Ave Date signed 5-27-43 M. D.

B.C. 61171.

G 04645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 04645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: D.A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Wheatcoat St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jane Craig.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1942

8. AGE: Years | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James E Harmon
13. Birthplace Md

MOTHER
14. Maiden Name Mary Eliz Craig
15. Birthplace Md

16 (a) Informant Mary Craig
(b) Address 1207 Wheatcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (month) (day) (year)

(c) Cemetery or crematory Md. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director A Halsey
(b) Address 9 E Dru[illegible]

19 (a) (Date rec'd by registrar) MAY 24 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1943 at 3.42 A.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Broncho-pneumonia
Mal Nutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Hugh B. McNulty M.D.
Medical Examiner.

Date signed 5/21/43.

G 04616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 W Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 W. Fayette (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles E Ziegler

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-2091

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	8	-		

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Ward
15. Birthplace Maryland

16 (a) Informant Robert L Heft
(b) Address 1724 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director George A Shirley
(b) Address Fulton & Fayette

Date received MAY 24 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1943 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943 to 5/22 1943, and that I last saw h[illegible] alive on 5/22 1943.

Immediate cause of death	Duration
Acute cardiac dilatation	1 day.
Due to Chronic myocarditis and	
Due to Arteriosclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Colas MD M. D.
Address 1724 W. Fayette Ave. (Date signed)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

G 04647 Registered No.

1516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIA LOUISE PEPPLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Louis G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1879

8. AGE: Years	Months	Days	If less than one day
64	2	25 24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter John Little
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Sophia Garmhausen
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Louis G. Peppler
(b) Address 1612 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (c) 24 1943 (Date rec'd by registrar) Hortense Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1943 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1943 to May 21 1943 and that I last saw her alive on May 21 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Pneumonia	7 hours
Due to General Arterio Sclerosis	✓
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature John L. Rutland M. D.
Address 1219 Dayton Ave Date signed 5/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C

G 04648 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Dock
(c) Hospital or institution: Sp. Balto Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Boyle Ln (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Anderson
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-07-4114

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ida Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1883

8. AGE: Years 59 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Buck Glass bs

11. Industry or business Day Laborer

MOTHER / FATHER
12. Name Albert Anderson
13. Birthplace Hartford Co
14. Maiden Name Hannah Hoff
15. Birthplace Balto. Md

16 (a) Informant Mrs Kate Williamson
(b) Address 1510 Boyle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Howard Ewin
(b) Address 1400 S Charles St

MAY 24 1943 (Date received by registrar)
(b) Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 5 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1943 to May 24 1943 and that I last saw h alive on May 22 1943

Immediate cause of death Acute Dilatation of Mitral Regurgitation — Duration 1 Day

Due to Dropsy

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Campbell M. D.
Address 1644 Hanover Date signed May 24 1943
Howard J. Andrews, M. D.

G 04649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04649

Registered No. 13B

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard & Madison St.

(c) Hospital or institution: Maryland Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltim

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3511 Gelston Dr.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lillian S. Hiltner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wh	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1911

8. AGE: Years	Months	Days	If less than one day
31	7	24	hr. min.

9. Birthplace Indiana

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Thos. Core

13. Birthplace Ohio

MOTHER

14. Maiden Name Lillian Snow

15. Birthplace Ohio

16 (a) Informant Harry E. Hiltner

(b) Address 3511 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)

(c) Cemetery or crematory Western

Location Balto Md.

18 (a) Funeral director William Cook Inc

(b) Address 127 St Paul St.

19 MAY 24 1943 (b) Washington Washington

(Registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to May 23 1943, and that I last saw her alive on May 23 1943.

Immediate cause of death Respiratory failure

Due to Thrombophlebitis

Due to Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Thrombectomy - left leg ligation removed.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. T. M. Hooper M. D.

Address Md. Gen. Hospital Date signed 5/24/43

04650 ✓ C 04650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N Callington Ave St., 6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Dorothea Eva Wilkinson

If U. S. Veteran specify WAR 6

(a) Residence: No. 17 N. Callington Ave St., ___ Ward. ___

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) Oct. 10. 1874

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
68	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Joseph Morgereth

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Dorothy Rasche

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy McKenna Son

(Address) 17 N. Callington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Date May 25 1943

19. UNDERTAKER John A. Moran

(Address) 420 Greenmount Ave

20. FILED MAY 25 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd, 1943

22. I HEREBY CERTIFY, That I attended deceased from June, 1942 to May 22nd, 1943

I last saw h. alive on May 22nd, 1943. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 22nd
Other contributory causes of importance: Diabetes Mellitus Arteriosclerosis	Unknown

Was an operation performed? Yes Date of July 21 1942

For what disease or injury? Gangrene L. Great toe

Name of operation amputation and Date of July 21 1942

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. P. Rea M. D.

(Address) 24 S Broadway

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

04651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 04651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Chaptico 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Frances Hayden — Francis Garner Hayden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Summerville
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1877

8. AGE: Years	Months	Days	If less than one day
65	8	0	hr. min.

9. Birthplace St. Mary's County, Md (Md)
(Town, county, and state)
10. Usual Occupation Tobacco Inspector
11. Industry or business

FATHER
12. Name Oscar G. Hayden
13. Birthplace St. Mary's County, Md

MOTHER
14. Maiden Name Katherine Maddox
15. Birthplace St. Mary's County, Md

16 (a) Informant Mrs. Laurel Sellman
(b) Address Washington, D. C. (sister)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1943 (month) (day) (year)
(c) Cemetery or crematory Christ Church
Location Chaptico Maryland.

18 (a) Funeral director Harry C. Slye
(b) Address 1009-11 St. NW. - Wash. D.C.

MAY 25 1943 (Date rec'd by registrar) Registrar for Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943, at 12 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943, to May 25 1943, and that I last saw him alive on May 25 1943.

Immediate cause of death	Duration
Subarachnoid hemorrhage, spontaneous	
Due to	
Due to	
Other Conditions arteriosclerosis Hypertension (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Roderick Slingsby M. D.
Address University Hospital Date signed May 25 1943

28 Weiss 2902 Huntington Ave

04652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

580

Registered No. G 04652

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1739 N. Duncan St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1739 N. Duncan St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Dorothy M. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th 1927

8. AGE: Years	Months	Days	If less than one day
16	11	25	hr. min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William L. Jones

13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden Name Margaret R Stark

15. Birthplace Balto md

16 (a) Informant William L. Jones

(b) Address 1739 N. Duncan st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director William Cook Inc

(b) Address 127 St. Paul St.

19 MAY 25 1943 Funeral Director for Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1943. 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1, 1943. to May 22, 1943

and that I last saw her alive on May 22 1943

Immediate cause of death Acute Cardiac Decompensation - Mitral Stenosis, Mitral Incompetency, Auricular Fibrillation

Due to Rheumatic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Weiss, M.D. M. D.

Address 1927 E North Ave Date signed May 24 '43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 04653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1868

8. AGE: Years	Months	Days	If less than one day
74	6	22	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Helfrich Kaufman
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Vernon Kaufman
(b) Address 2721 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marock
(b) Address 715 Lydia St

19 (a) (b) Registrar Williams, M.R. Registrar

MAY 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1943, to 5-21 1943, and that I last saw him alive on 5-21 1943.

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Unemployed Intoxication

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Bentel M. D.
Address 2703 Edmondson Date signed 5-24-43

G 04654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04654 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 Covington St
(c) Hospital or institution: Private Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Covington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E Willett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3 1854 or 65

8. AGE: Years	Months	Days	If less than one day
74	9	17 19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name John Willett
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Thorton
15. Birthplace Md

16 (a) Informant Florence Willett
(b) Address 831 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar Livingston Williams M.D.

MAY 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943; to May 21 1943 and that I last saw h alive on May 21 1943

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to Chronic myocarditis

Due to Chronic myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melton Gracanin M. D.

Address 1429 W. Fayette St Date signed 5-26-43

G 04655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 E Chapel Gate Lane
(c) Hospital or institution Pine Crest
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Lyndhurst Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Post Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	6	8		

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Pa

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible] Pa

16 (a) Informant Mrs Harold L Wilson
(b) Address 56 Yorkway (Dundalk)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Hollywood Memorial Park Location Port Arthur Va

18 (a) Funeral director William M Marechs
(b) Address 705 Light St

19 (a) MAY 25 1943 (Date received by local registrar) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 43 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to May 24 1943 and that I last saw him alive on May 21 1943

Immediate cause of death Cardio Vascular Renal Arteriosclerotic disease — Duration ?

Due to Hypertension

Due to

Other Conditions Senile Pleurisy
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Earl Pass M.D.
Address 4401 W Belvedere Date signed 5-25-43

VS 180

G 04656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04656
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3445 Chestnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3445 Chestnut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand Duvall

3 (b) If veteran, name war Spanish-American

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) august 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	9			

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas B. Duvall
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Haywood
15. Birthplace Maryland

16 (a) Informant Mary H. Yeagle
(b) Address 3443 Elkhorn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1943 (month) (day) (year)

(c) Cemetery or crematory New National
Location St Mary's Hampden

18 (a) Funeral director Clement L. Demmert
(b) Address 3445-47 Chestnut Ave.

19 (a) [illegible] (Date received) MAY 25 1943 (b) Huntington Williams, M.D. (Registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 7 30 A M

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 24 1943

G 04657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04657 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported. All correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lonnie Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Separated

6 (b) Name of husband or wife Jones

6 (c) If Dec'd, age in years 93

7. Birth date of deceased (mo., day, yr.) 10/12/1893

8. AGE: Years	Months	Days	If less than one day
49	6	8	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Ben Bracey
13. Birthplace Virginia

MOTHER 14. Maiden Name Annie (?)
15. Birthplace Virginia

16 (a) Informant Joana Jones
(b) Address 1011 N. Mount st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/1943 (month) (day) (year)

(c) Cemetery or crematory
Location Lake Crogsa

18 (a) Funeral director Charles H Burkett
(b) Address 638 Lanvale st

19 (a) [illegible] Washington Williams M.D.
(b) Address [illegible] Date signed MAY 25 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1943, to 5/23 1943, and that I last saw h[illegible] alive on 5/23 1943.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Cardio-Vascular Renal	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Inglis M. D.
Address Mercy Hospital Date signed 5/23/43

G 04658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 04658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lutherland & Rayner
(c) Hospital or institution: W. Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Whitmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert Reinhart

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Theresa Reinhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	8	29		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Balto police patrolman
11. Industry or business

FATHER
12. Name Frederick Reinhart
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Isabelle B Snider
(b) Address 606 Whitmore Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof May 27 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Mem Pk
Location Taylor Ave

18 (a) Funeral director Marlin J Conroy
(b) Address 1162 Forest St

19 MAY 25 1943 Thos. J. Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/43 1943 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1943 to May 24 1943, and that I last saw him alive on May 24 1943

Immediate cause of death Bronchopneumonia — Duration

Due to Carcinoma of lung with metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Yaroslow MD
Address West Baltimore Hospital Date signed 5/25/43

Jenner - 11 E Chase ✓

G 04659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Milton Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No. 770

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Wid

6 (b) Name of husband or wife Amelia E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29-1866

8. AGE: Years	Months	Days	If less than one day
76	11	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Builder

11. Industry or business Own

FATHER
12. Name Thomas A. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Rosann Travers.
15. Birthplace Md.

16 (a) Informant Miss C Ruth Jones
(b) Address 101 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore

18 (a) Funeral director Wm Cook Inc
(b) Address 120 St Paul St.

19 (a) (Date received) MAY 25 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943 at 11 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death — Duration

Cerebro Vascular Accident — 10 yr.
Due to a) Cedar Disease — 7 day
Due to b) Bronchopneumonia — 3 day

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Jenner
Address 11 E. Chase St Date signed 5/25/43 M.D.

G 04660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. G 04660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 W. 38th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Schamm (LOUISE LILLIAN SCHAUM)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-03-4216

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8-1884

8. AGE: Years 58 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Textile - Weaver

11. Industry or business

FATHER
12. Name Louis Schamm
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Eglehardt
15. Birthplace Baltimore

16 (a) Informant Louise Schamm
(b) Address 912 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-43 (month) (day) (year)
(c) Cemetery or crematory Lincoln Park
Location Baltimore

18 (a) Funeral director Stewart Memorial
(b) Address 108 W. Mulberry

19 MAY 25 1943 (Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/ 1943, at 6:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1943 to May 23 1943, and that I last saw h[illegible] alive on May 23 1943.

Immediate cause of death Unknown

Duration

Due to Carcinoma of sigmoid, uterus & bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/7/43

Major findings of operation: Carcinoma of sigmoid, uterus & bladder

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Carl Myers, M. D.
Address Mercy Hospital Date signed 6/2/43

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04661
Registered No.

CERTIFICATE OF DEATH 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave 15

(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 3601 Dennlyn Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Rebecca Regina Udell

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife: Bernard
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation:
11. Industry or business: House Work

FATHER
12. Name: Julius Rothman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Rose Bialock
15. Birthplace: Russia

16 (a) Informant: Bernard Udell
(b) Address: 3601 Dennlyn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25, 1943 (month) (day) (year)
(c) Cemetery or crematory: Beth Tfiloh Cemetery
Location: Windsor Mill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) May 25 1943 (b) [illegible] Washington Blvd

MEDICAL CERTIFICATION

28. DATE OF DEATH: May 23 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943, to May 23 1943, and that I last saw her alive on May 23 1943.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Thrombophlebitis of legs	
Due to	
Other Conditions Hypertensive Arteriosclerotic Heart Dis. with mild pulmonary edema & Diabetes (Include pregnancy within 3 months of death)	

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Herbert A. Cecil M. D.
Address: Sinai Hospital Date signed 5/25/43

G 04662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04662 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully worked correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1351 Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1951 Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Baylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Solomon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	7	hr. min.

9. Birthplace King William Co. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Moses Lee
13. Birthplace King William Co Va.

MOTHER
14. Maiden Name Fannie ? ?
15. Birthplace King William Co. Va.

16 (a) Informant John Baylor
(b) Address 3402 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-1943 (month) (day) (year)

(c) Cemetery or crematory
Location Lester Manor, Va.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) [redacted] (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1943 at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1943 to 5/24 1943, and that I last saw h[illegible] alive on 5/23 1943

Immediate cause of death Hypertension Cardiac Arrest,

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
3
Mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Hall M. D.
Address 1 W 55 St Date signed 5/25/43

Huntington Williams, M.D.

G 04663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04663

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Penna Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delores Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-42

8. AGE: Years	Months	Days	If less than one day
	8	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Edward Wallace
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marie Wallace
15. Birthplace Waverly Va.

16 (a) Informant Marie Wallace
(b) Address 2307 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1943 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1131 Mill Ave.

19 (a) MAY 25 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at 10 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 21 1943, and that I last saw h alive on May 21 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Garfield M. D.
Address Provident Hospital Date signed 5-24-43

VS 3

G 04664
4345-35-

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1000

G 04664
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 5
(d) Street No. 1824 N. Collington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Benjamin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-05

8. AGE: Years	Months	Days	If less than one day
37 38	11	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace ?

MOTHER
14. Maiden Name Carrie Johnson
15. Birthplace ?

16 (a) Informant Edwards Ashby
(b) Address [illegible] St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1631 Druid Hill Ave.

MAY 25 1943
(Date received by Registrar) Glen Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943 at 11:35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943 to May 23 1943 and that I last saw her alive on May 23 1943

Immediate cause of death Hemorrhage from a ruptured esophageal varix.

Due to Constriction of portal vein.

Due to Scar tissue about portal vein - possibly congenital

Other Conditions Laparotomy with omentopexy 1942
(Include pregnancy within 3 months of death)

Date of operation

Major findings of autopsy: Liver 1 lb. 1 oz. weighed 700 gm. Ruptured varix. Portal V. Constriction

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 5/23/43 D.

G 04665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33

G 04665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4684 FALLS ROAD
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4684 FALLS ROAD (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3 (a) FULL NAME ELLA LOUISA ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	COLORED	MARRIED

6 (b) Name of husband or wife DAVID ANDERSON
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 7/14/80

8. AGE: Years	Months	Days	If less than one day
62	10	9	____ hr. ____ min.

9. Birthplace PIKESVILLE, Md (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name JOHN JONES
13. Birthplace BALTIMORE COUNTY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant DAVID ANDERSON
(b) Address 4684 FALLS ROAD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George W. Weyland
(b) Address 1631 Orchard Hill Ave.

19 (a) MAY 25 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1943, at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1943, to 5/23 1943, and that I last saw her alive on 5/23 1943.

Immediate cause of death MYOCARDIA Failure — Duration DAY
Due to INFLUENZA — Duration SEVERAL DAYS
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Hunt M.D.
Address 1607 W. Mulberry St. Date signed 5/24/43

VS 3

G 04666

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04666

CERTIFICATE OF DEATH 830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green. Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MA (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 W. Lafayette ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 10-10-1900

8. AGE: Years 42 | Months 8 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Robinson
13. Birthplace S.C.

MOTHER 14. Maiden Name Eloise Haywood
15. Birthplace S.C.

16 (a) Informant Mary Robinson
(b) Address 516 N. Gilmor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William C. Jackson
(b) Address 916 Penna ave

19 (a) (Date received by Registrar) MAY 25 (b) 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1943, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1943, to 5-23 1943, and that I last saw h[illegible] alive on 5-23 1943.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Tannenbaum Jr. M. D.
Address University Hospital Date signed 5-24-43

VE 8

G 04667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 04667 — 142 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Turner Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Center Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ella Robertson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Flemmy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1915.

8. AGE: Years	Months	Days	If less than one day
28	2	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Benjamin West
13. Birthplace Va

MOTHER
14. Maiden Name Janey Turner
15. Birthplace Va

16 (a) Informant Eva West
(b) Address 119 Flemmy Drive

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-22-43 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Concord - Campbell Co. Va.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 (a) MAY 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943, to May 20 1943, and that I last saw h.e.r. alive on May 20 1943.

	Duration
Immediate cause of death: Peritonitis	
Due to: Hematoma in left broad ligament	
Due to:	
Other Conditions: Pregnancy Syphilis	

(Include pregnancy within 3 months of death)

Date of operation May 17, 1943

Major findings of operation: Hematoma broad lig., appendicitis, peritonitis

Findings of autopsy: Pregnancy Left broad lig. hematoma, chronic salpingitis, chronic appendicitis, peritonitis, lower uterine segment

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Rysanek M.D.
Address St. Joseph's Hospital Date signed 5-20-43

VS 3

04668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town 1644 Ashland Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Lander

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7292

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/85

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	11	17		

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Carrie Burgess
(b) Address 629 W. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Spencer
(b) Address 804 W. Lexington

19 (a) [illegible] Huntingdon

MAY 25 1943 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 22 1943, and that I last saw h[illegible] alive on May 22 19 43.

Immediate cause of death Tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kyanek M. D.
Address St. Joseph's Hosp Date signed 5-22-43

G 04669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55B

G 04669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Greenmount Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosemary M. Neuhaus

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry J. Neuhaus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 24, 1922

8. AGE: Years	Months	Days	If less than one day
20	7	2 28	hr. min.

9. Birthplace Baltimore, Md,
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name John H. Lyon
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia R. Schindler
15. Birthplace Baltimore, Md,

16 (a) Informant Mr. Henry J. Neuhaus
(b) Address 2706 Greenmount Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd,

18 (a) Funeral director John A. Moran
(b) Address 4200 Greenmount Ave,

19 (a) MAY 25 1943 (Date rec'd by registrar) (b) Huntington Ave, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1943, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940, to May 22 1943 and that I last saw h alive on May 15 1943.

Immediate cause of death Carcinoma of bone metastases to lungs. — Duration 3 yrs +

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 37 W. Preston St Date signed 5-25-43

G 04670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

Registration No. G 04670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2215 Bremen St (Rear wing)

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 2215 Bremen St (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Alice C Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/1883

8. AGE: Years	Months	Days	If less than one day
60 59	5	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name John Harris

13. Birthplace Maryland

MOTHER 14. Maiden Name Almira Miles

15. Birthplace Maryland

16 (a) Informant George Brooks

(b) Address 516 W Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.P. Co. Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1080 Montgomery St

19 (a) [illegible] (b) Registrar MAY 25 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1943, at 6a M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/28 1942 to 5/21 1943, and that I last saw h[illegible] alive on 5/28 1943

Immediate cause of death Hypertension Cardiac Irregular - Renal Disease

Duration 2 days

Due to Apoplexy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M.D.

Address 600 Washington Ave Date signed 5/24/43

G 04671 T.N. 61569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4314 Biddison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Etzel

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 29, 1872

8. AGE: Years	Months	Days	If less than one day
71	2	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name John Etzel
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Meisanzholder
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Leonard Funch
(b) Address 5220 S Hanford Rd

19 (a) (Signature) (b) Registrar
MAY 25 1943 Huntington Milwaukee, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1943 at 5:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943 to 5-24 1943, and that I last saw h[illegible] alive on 5-24 1943.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to Cerebral thrombosis	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 5-27-43

04672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04672
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ingsdale, Maryland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-4284

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida Davis nee Newman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 42 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Michael Davis
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Mintenbaum
15. Birthplace Poland

16 (a) Informant Irving Davis, (Brother)
(b) Address 3842 Edgefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Memorial Park
Location Druid Lane

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 MAY 25 1943 (b) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 10 1/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1943 to May 24 1943 that I last saw him alive on May 24 1943

Immediate cause of death: Bulbar Paralysis — Duration 11 hrs.
Due to: Polyneuritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Pearce Rosenbaum M. D.
Address University Hosp Date signed 5-24-43

VS 8

04673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

✓ G 04673 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 W. Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosalind Lowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20-1941

8. AGE: Years	Months	Days	If less than one day
2	3	24	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

MOTHER / FATHER

12. Name Dr. Milton Lowman

13. Birthplace Balto., Md.

14. Maiden Name Sylvia Weckelbaum

15. Birthplace Newark N.J.

16 (a) Informant Dr. Milton Lowman

(b) Address 3005 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-43 (month) (day) (year)

(c) Cemetery or crematory Levert Mt Carmel

Location Forman Mill Rd.

18 (a) Funeral director Jack Lewis Inc

(b) Address 143 E. Balto St

MAY 25 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 5 05 PM

21. I certify that I took charge of the remains described above, held an Inspection & in person thereof (Autopsy, Inspection or Inquiry) and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury May 24 1943 at 1 45 PM

(b) Where did injury occur? 3005 W. Garrison Ave

(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no

(d) Means of injury Fell out of 2nd story window

23. Signature Robert H. Fratcher M.D. Medical Examiner

Date signed May 25 1943.

04674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G 04674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 Pierce
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Pierce (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Owens

3 (b) If veteran, name war: /

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Leisha Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1882

8. AGE: Years	Months	Days	If less than one day
61	2		hr. min.

9. Birthplace Bantzug S.C. (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Mike Owens
13. Birthplace S.C.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Isaac Owens
(b) Address 631 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem
Location

18 (a) Funeral director Wm Katee Williams
(b) Address 922 N. Schroeder St

19 MAY 25 1943 (Date received by Registrar) (Huntington Williams M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943 at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 21 1943 and that I last saw h[illegible] alive on May 21 1943

Immediate cause of death Uraemia Cardiac — Duration 3 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 754 Kenyon Date signed 5/25/43

G 04675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD FOSTER

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NO

4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Clara Foster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1886

8. AGE: Years 56 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Farmville Va. (Town, county, and state)
10. Usual Occupation Wood Dealer
11. Industry or business

FATHER
12. Name John Foster
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Clara Foster
(b) Address 104 S. Bond st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradley Ave

19 MAY 27 1943 Washington Williams M.D. (Date received by local registrar) (Signature of local registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943 at 5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 5-27-43

4676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. C 04676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Russell st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Russell st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara E. Griffin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Charlie Griffin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1899
8. AGE: Years 44 | Months | Days | If less than one day hr. min.
9. Birthplace St Mary's Co. Md. (Town, county, and state)
10. Usual Occupation Oyster Checker
11. Industry or business

FATHER
12. Name James H Blake
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Bult
15. Birthplace md.

16 (a) Informant William H. Blake
(b) Address Laby, md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location
18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley av
Received MAY 25 1943 (b) Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 9 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943, to May 20 1943, and that I last saw her alive on May 20 1943
Immediate cause of death Acute Cardiac Dilatation — Duration 1 wk.
Due to unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John W. Gaines M.D.
Address 1665 W. Barnett Date signed 5/24/43

G 04677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 W. Lombard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 W. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Kessler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Adam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1877

8. AGE: Years	Months	Days	If less than one day
65	10	25	hr. min.

9. Birthplace Buffalo N.Y. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. Studier

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace Germany

16 (a) Informant Louise Te Bow

(b) Address 905 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Wm. E. Cook Sons

(b) Address Balto. Md.

19 MAY 25 1943 (Date rec'd by registrar) (b) MAY 25 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1935 to May 24 1943. and that I last saw him alive on May 16 1943.

Immediate cause of death - Carditis (Myocarditis & endo-carditis).

Duration 8 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. P. Von Schrader M.D.

Address 4818 Edmondson Ave Date signed May 26 1943

VS 140

E 04678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 04678 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N. Monastery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Burgundy St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Alice L. Benner

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband ~~or wife~~ Otto
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 4, 1885

8. AGE: Years	Months	Days	If less than one day
57	10	20	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Hooper Bradley
13. Birthplace Md.

MOTHER
14. Maiden Name Susie (?)
15. Birthplace Md

16 (a) Informant Mr. Charles Benner
(b) Address 217 N. Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director William Cook Sons
(b) Address 127 ~~St. Paul St.~~ Hunter for Williamson

19 (a) [illegible] (registrar) (b) Registrar

MAY 25 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to May 21 1943, and that I last saw h~~e~~r alive on May 21 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Hemorrhage	1 hour
Due to Hypertensive Cardio-vascular disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Leonard Zorn M. D.
Address 201 W Madison St Date signed 5/22/43

G 04679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave.
(c) Hospital or institution:
Pinehill Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 N. Chester St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David A. Wirsing

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-07-6558

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie Elizabeth

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 29th. 1873

8. AGE: Years: 69 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore Co. Maryland (Town, county and state)

10. Usual Occupation: Retired (Stone Cutter)

11. Industry or business

FATHER
12. Name: August Wirsing
13. Birthplace: Germany

MOTHER
14. Maiden Name: Friedericka Tevisch
15. Birthplace: Germany

16 (a) Informant: Mr. David W. Wirsing
(b) Address: Kingsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore, Maryland

18 (a) Funeral director: Leadon Funeral Home
(b) Address: 7401 Belair Road

19 (a) [illegible] (b) [illegible]
MAY 25 1943 Huntington Baltimore

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24th. 1943 19 , at 5.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943, to May 24 1943 and that I last saw him alive on May 23 1943

Immediate cause of death: Cerebral hemorrhage — Duration: 12 hrs

Due to Arteriosclerosis & Hypertension

Due to Chronic myocarditis

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. V. Harbold M. D.
Address 4706 Hayford Road Date signed 5/24/43

G 04680
AB-81363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04680
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellison Conyers

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-9392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7-1913

8. AGE: Years	Months	Days	If less than one day
29	10	16	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jeff Conyers
13. Birthplace S.C.

MOTHER
14. Maiden Name Henriette ?
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Manning, S.C.
Location

18 (a) Funeral director Jamison & Sons
(b) Address 142 W. Hoch St.

19 (a) (Registrar) (b) Huntington Williams, M.R.
MAY 25 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/1943 at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/1943 to 5/23/1943, and that I last saw h[illegible] alive on 5/23/1943.

Immediate cause of death Lung abscess
(a) pneumonia

Due to Respiratory infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of [illegible] autopsy Lung abscess
pneumonia.

of autopsy

Duration
3 wks
1
2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Jamison M. D.
Address Baltimore City Hosp. Date signed 5/25/43

G 04681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04681
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FREDERICK KAMMERER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret Kammerer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	18	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Butcher, retired
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs. Anna J. Hart
(b) Address 506 N. Bouldin St.,

17 (a) Baltimore (b) Date thereof May 25 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 E. Oliver

19 (a) MAY 29 1943 (b) Hunter for Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1943 at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to May 23 1943 and that I last saw him alive on May 23 1943.

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to Advanced arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Lauch M. D.
Address 1700 Eutaw Pl Date signed May 24 1943

VS 150

G 04682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 04682 Registered No.

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reviewed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Bauernwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Bauernwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna B. Heller

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Fem
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Wm D. Heller
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) Nov 8 1890
8. AGE: Years 52 | Months 6 | Days 15 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thos Green
13. Birthplace Balto

MOTHER
14. Maiden Name Ida Sherer
15. Birthplace Balto

16 (a) Informant Wm D. Heller
(b) Address 2912 Bauernwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural
18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Belvedere
19 (a) [illegible] (b) Huntington Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 9 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 5-23 1943, and that I last saw h[illegible] alive on 5-23 1943.

Immediate cause of death Coronary thrombosis — Duration 8 min.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jean Coleman M. D.
Address (29) Poplar Grove St Date signed 5-24-43

G 04683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fact are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Clinton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S. Clinton (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Nally

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Michael Nally
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9-1881

8. AGE: Years 62 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Casper Gessner
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Geo. & Germanus Nally
(b) Address 809 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director John C. Connelly
(b) Address 418 Eastern Ave. Essex

May 25 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1943, at 4.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1936, to May 22 1943, and that I last saw her alive on May 22 1943.

Immediate cause of death: Cardiac decompensation (Myocarditis)

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
2 weeks
8 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Flannery, M.D.

Address 604 W. Balto St. Date signed 5-25-43

G 04684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04684
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 4503 Baltimore Ave
(If outside city or town limits write RURAL and give town)
(d) Street No. Halethorpe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Eugene Sheehan

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-15-2960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4 1898

8. AGE: Years	Months	Days	If less than one day
44	3	19	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Bro

FATHER
12. Name James J. Sheehan
13. Birthplace Md

MOTHER
14. Maiden Name Mary McKenna
15. Birthplace Va

16 (a) Informant St Agnes
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-43 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral Cem
Location Balto. Md

18 (a) Funeral director John R Kenny
(b) Address 1242 Leadenhall Ave, Md

MAY 25 1943 Huntington Williams, M.D.
(Date received by local registrar) Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943 at 3 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1943 to 5/23 1943, and that I last saw h.e alive on 5/23 1943.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive Cardio-Renal Disease

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Hutton Rosher M.D.
Address St. Agnes Hosp Date signed 5/25/43

AB-16505 G 04685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G 04685 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct. Physicians: please write the causes of death clearly and legibly. Special attention to correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 56 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. Sisters of the Poor (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Della McLean

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24-1864

8. AGE: Years	Months	Days	If less than one day
78	4	27	hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John (D)

13. Birthplace Scotland

MOTHER 14. Maiden Name Della O'Brien

15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals

(b) Address (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 26-43 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location Jarmon Hill Rd

18 (a) Funeral director J. J. Fahey & Sons

(b) Address 1310 Light St

MAY 25 1943 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21-43 19 , at 4 57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1936 to 5-21 1943.

and that I last saw her alive on 5-21 1943.

Immediate cause of death	Duration
Obstructive Jaundice	2 Wks +
Due to Cholelethiasis	7
Due to	
Other Conditions Hypertensive C V Dis. Polymenorrhagia (Include pregnancy within 3 months of death)	

Date of operation 5-21-43

Major findings of operation: Cholelethiasis

of autopsy: atm.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence 1 at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald Pollett

Address Baltimore City Hosp Date signed 5-25-43 M.D.

VS 150

G 04686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. G 04686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 87 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave., Home for Aged (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME W. Rose Keesh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16-1856

8. AGE: Years	Months	Days	If less than one day
87	3	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Keesh
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Hayland
15. Birthplace Baltimore Md

16 (a) Informant Wm A. V. Savage Asst Supt
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Station Balto Co

18 (a) Funeral director Wm. Cecil Bond Inc.
(b) Address 1217 St. Paul St.

MAY 25 1943 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1943 to 5/24 1943, and that I last saw him alive on 5/24 1943.

Immediate cause of death Circulatory Collapse — Duration

Due to Pneumonia Lobar Probably — Duration

Due to This A.M. — Duration

Due to — Duration

Other Conditions Hypertension Cardio vascular Disease — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations None performed
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lon M. Zamon M.D.

Address Md. Gen. Hosp. Date signed 5/24/43

VS 8

04687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 04687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2535 Penna Ave:
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2535 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence V. Shockney

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-18-5678

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 20, 1926

8. AGE: Years 17 | Months 0 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business Dry Cleaning

FATHER
12. Name Percy Lee Shockney
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Francis T. Gordon
15. Birthplace Balto. Co. Md.

16 (a) Informant Francis T. Shockney
(b) Address 2535 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 24 43 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Baltimore Md

18 (a) Funeral director Mamie Cook/ Snyder
(b) Address 600 W. North Ave.

19 (a) MAY 25 1943 (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24- 1943, at 10 53 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured L Fem- 3rd Cervical Vertebra

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/19/43 at 8 P.M.
(b) Where did injury occur? Druid Hill Park
(c) Did injury occur at home, on farm, industrial place, in public place? Public **While at work?** No
(d) Means of injury Fell off swing

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 5/24/43

VS 151

04688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106c

G 04688

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto.
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 ELINOR AVE
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE CYRUS King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 14 - 1941

8. AGE: Years	Months	Days	If less than one day
2	4	19	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name	Cyrus King
13. Birthplace	Balto Md.
MOTHER 14. Maiden Name	Lillian E Mahoney
15. Birthplace	Balto Md

16 (a) Informant Cyrus King
(b) Address 2 Elinor Ave

17 (a) Burial (b) Date thereof 5/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Rd - Baltimore

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) MAY 25 1943 [illegible]
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1943, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1943 to 5-23 1943 and that I last saw h IM alive on 5-23 1943.

Immediate cause of death Laryngo - Tracheo - Bronchitis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Braun M. D.
Address 1 West Overlea Ave Date signed 5-23-43

VS 3

G 04689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 04689 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Poplar Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Effie I. Woods

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (Lab) Charles E. Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1874

8. AGE: Years	Months	Days	If less than one day
69	4	8	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name John D. Wood
13. Birthplace Harwood Harford Co. Md.

MOTHER
14. Maiden Name Catherine Buchmiller
15. Birthplace Balto. Md.

16 (a) Informant Mr. Thos. H. Wood (Brother)
(b) Address Chesterlown Kent Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Chester
Location Chesterlown Kent Co. Md.

18 (a) Funeral director Maynard V. Wallace
(b) Address Chesterlown Md.

MAY 25 1943 (Date rec'd by registrar) Hunting for Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943 at 3.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to May 24 1943, and that I last saw her alive on May 24 1943

Immediate cause of death Coronary Heart Disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fustey M. D.
Address St. Joseph's Hosp. Date signed 5-24-43

VS 8

G 04690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04690

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918-E. Biddle Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 50-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918-E. Biddle Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William J. Clarke

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A. (Crowley)
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 12/4/1860

8. AGE: Years	Months	Days	If less than one day
82	5	19	- Hr. - - - min.

9. Birthplace A.A.Co.Maryland (Town, county, and state)
10. Usual Occupation Retired -Stewart
11. Industry or business Balto. Co. Club.

FATHER
12. Name Judson Clarke
13. Birthplace A.A.Co.Maryland

MOTHER
14. Maiden Name Emley (Jones)
15. Birthplace A.A.Co.Maryland.

16 (a) Informant Mrs. Mary A. Clarke
(b) Address 918-E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.
18 (a) Funeral director George J. Ruth Inc.
Address 2785-Harford Ave
19 (a) MAY 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to May 23 1943 and that I last saw him alive on May 22 1943.

Immediate cause of death: Auricular fibrillation — Duration 6 days
Due to: Chronic myocarditis — ?
Due to: arteriosclerosis — ?
Due to: old age
Other Conditions: Enlarged prostate.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Felsenfeld M. D.
Address 714 E. Preston Date signed

G 04691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

G 04691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Southway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NORMAN LORAINE CLARK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Georgia M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	15	hr. min.

9. Birthplace Laurel, Md. (Town, county, and state)
10. Usual Occupation Principal-Patterson Pk.H.S.
11. Industry or business Dept. of Edu. of Balto. City

FATHER
12. Name George H. Clark
13. Birthplace Stillpond, Md.

MOTHER
14. Maiden Name Emma Osborn
15. Birthplace Georgetown, Md.

16 (a) Informant Mrs. Georgia M. Clark
(b) Address 401 Southway, Guilford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) by registrar Huntington Williams M.D.

MAY 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to May 23 1943.
and that I last saw h[illegible] alive on May 23 1943.

Immediate cause of death: Cerebral embolism — Duration 2 day
Due to Carcinoma of the right Lung — 2 years
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Pearce M. D.
Address 2105 Charles st Date signed May 25 1943

G 04692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04692 Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Belnord ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Teichert

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adolph Teichert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 20, 1894

8. AGE: Years: 49 | Months: 4 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business: AT HOME

FATHER
12. Name: FRANK HALLMEYER
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: ANNA AMHEIRM
15. Birthplace: BALTO. MD.

16 (a) Informant: ADOLPH TEICHERT (HUSBAND)
(b) Address: 524 N. BELNORD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 28/43 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Geiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) MAY 25 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1943, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1943 to 5/24 1943, and that I last saw her alive on 5/24 1943.

Immediate cause of death: Myocardial degeneration — Duration

Due to: Hypertensive heart disease & renal impairment

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Martin W. Kriegg, Jr. M. D.
Address: Md. Gen. Hosp. Date signed: 5/27/43

G 04693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G 04693

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schipperling

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10/1866

8. AGE: Years	Months	Days	If less than one day
77	1	17	hr. min.

9. Birthplace Berlin, Baltic County
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Paul Schipperling
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Streib
15. Birthplace Germany

16 (a) Informant Mrs Helen Krall
(b) Address 1312 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Flynn & Flynn
(b) Address 1426 Light St.

19 MAY 25 1943 (Date rec'd by registrar) Hattie F. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1943, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1943 to 5/24 1943 and that I last saw him alive on 5/24 1943.

Immediate cause of death	Duration
Uremia.	
Due to Carcinoma of	
Due to prostate.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of Operation: Cancer of the prostate

of autopsy:

PHYSICIAN
Underline the cause at which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 1205 N Charles St (Date signed) 5/24/43 M. D.

VS 150

G 04694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04694

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 978 North Hill Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 978 North Hill Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Schickener

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-7993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If wid., give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25. 1891

8. AGE: Years	Months	Days	If less than one day
52	2	29	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Federal Tin Co.

FATHER — 12. Name Henry Schickener

13. Birthplace Balto Md

MOTHER — 14. Maiden Name Ida Wheeler

15. Birthplace Md.

16 (a) Informant Mrs. John H. Schickener

(b) Address 978 North Hill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)

(c) Cemetery or crematory Mt. olivet

Location Balto. Md.

18 (a) Funeral director Fleming & Fleming

(b) Address 1420 Light St.

MAY 28 1943 (c) Registrar Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/42 19 , to 5/22/43 and that I last saw him alive on 12/15/1942.

Immediate cause of death: Coronary thrombosis — Duration 1m-mediate.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Deitel

Address 1226 Hanover St. Date signed 5/28/1943. M.D.

Howard J. Madden, M.D.

G 04695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County -
(c) City or town Milton (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 Hoy Terrace (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM J. COLLINS

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1890

8. AGE: Years	Months	Days	If less than one day
52	10	6	hr. min.

9. Birthplace New Brunswick, Canada (Town, county, and state)
10. Usual Occupation Capt. of Light ship
11. Industry or business Vineyard Sound Lightship

FATHER
12. Name John Collins
13. Birthplace New Brunswick, Canada

MOTHER
14. Maiden Name Bridget Kilhoil
15. Birthplace New Brunswick, Canada

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 27 43 (month) (day) (year)
(c) Cemetery or crematory Milton Cem. Location Milton Massachusetts

18 (a) Funeral director Tasaka Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date received by registrar) MAY 25 1943 (b) Registrar Washington Williams, M.D.

VS Form

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH May 25, 1943, at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.25, 1943, to May 25, 1943, and that I last saw him alive on May 25, 1943

Immediate cause of death	Duration
Pneumonia, lobular;	3 days
Portal cirrhosis of liver	6 mos.
Due to Adenocarcinoma of the rectum	Approx. since 6/1942
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 3/2/43 Colostomy; 4/19/43 Proctoscopy; 5/6/43 Procto
Major findings of operation: Carcinoma of rectum; cirrhosis of liver.
Findings of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? (Specify type of place)
(e) Means of injury

23. Signature (U.S. Ma...
Address Baltimore, Md. Date signed 5/26/43 M.D.

No. 44552

G 04696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04696 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3360 Hickory Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3360 Hickory Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Susan Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Joseph Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26. 1855

8. AGE: Years 87 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md.
(City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Isennock
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Snyder
15. Birthplace Germany

16 (a) Informant Mrs. Katherine Hughlett
(b) Address 3358 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26. 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Hampden)
Location Baltimore Md.

18 (a) Funeral director Burger Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date) MAY 25 1943 (Registrar) Wilmington, N.C.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23. 1943. at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 23 1943. and that I last saw h[illegible] alive on May 23 1943.

Immediate cause of death: Myocardial Insufficiency 4 days

Due to: Cardio-Renal-Vascular Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Nelson M. D.
Address 617 N. 40th Date signed 5/24/43

G 04697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Abell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Abell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mallory Bedingfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Georgia S. Bedingfield

6 (c) If alive, give age ~~Years~~

7. Birth date of deceased (mo., day, yr.) July 5th 1874

8. AGE: Years 68 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Macon, Ga.
(Town, county and state)

10. Usual Occupation Vice President

11. Industry or business Stan Mfgle Co

FATHER
12. Name Bedingfield
13. Birthplace Ga.

MOTHER
14. Maiden Name Martha L. Massenburg
15. Birthplace Va.

16 (a) Informant Louise B Collins
(b) Address 3007 Abell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b)

MAY 25 1943

YB 220

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1943 6:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22/43 to 5/23 19 43.
and that I last saw him ~~her~~ alive on 3/23/43 19

Immediate cause of death: Coronary Thrombosis — Duration: 1 day.

Due to

Due to

Other Conditions: Arteriosclerosis
Had Diabetes.
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack A. Morgan M.D.
Address Balto. Md. Date signed 5/26/43

C 04698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matt Lewis Chester

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-6164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1888

8. AGE: Years	Months	Days	If less than one day
54	8		hr. min.

9. Birthplace Md (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Webber Chester
13. Birthplace Md

MOTHER 14. Maiden Name Clara Bishop
15. Birthplace Md

16 (a) Informant Leo. Chester
(b) Address 1038 W. Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-43 (month) (day) (year)
(c) Cemetery or crematory Goldenhill, Md
Location Cambridge

18 (a) Funeral director Leo. H. Kelsa
(b) Address 1303 Presstman St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said ~~Autopsy, Inspection~~ or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertension
Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 25 1943

May 29 1943

G 04699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

G 04699 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 days

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County
(c) City or town St. Matthews (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Berger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F		

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48	-	-	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benj. Frof
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Frof
15. Birthplace Russia

16 (a) Informant Mr Harry Berger
(b) Address St Matthews S. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/43 (month) (day) (year)
(c) Cemetery or crematory Elmwood Rosedale
Location Philips Rd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Northern
(c) Filed (Date received by Registrar) Hattie Lou Williams M.D. Registrar

MAY 28 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943, to May 26 1943, and that I last saw h.er alive on May 25 1943.

Immediate cause of death Respiratory Failure — Duration 46 Days

Due to Carcinoma of Sternum

Due to Erysipelas Vulgaris

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond O. Heller M.D.
Address Sinai Hosp Date signed 5/28/43

G 04700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 04700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution: Fayette & Calhoun St
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Royce Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Goldfadim

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs Sadie Poland
(b) Address 3805 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

MAY 26 1943 Huntington Williams M.D.
(Date received) (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/43 19 at 8:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8/43 19 to 5/25/43 19, and that I last saw her alive on 5/25/43 19

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio Sclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L E Hopelman M. D.
Address Franklin Sq Hosp Date signed

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is especially important.

G 04701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 04701 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4003 N. Charles St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4003 N. Charles St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELIZABETH KELLY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Caleb John Guyer Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1851

8. AGE: Years	Months	Days	If less than one day
92	0	0	hr. min.

9. Birthplace Oxford, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Edward Stevens

13. Birthplace Md.

MOTHER

14. Maiden Name Margaret Markland

15. Birthplace Md.

16 (a) Informant Mr. C. Markland Kelly

(b) Address 4003 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (Date received) MAY 26 1943 Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1923 19 , to 5-24 19 43 and that I last saw her alive on 5-23 1943

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS — Duration 10 YRS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John L. Jones M. D.

Address 112 St. Paul St. Date signed 5-25-43

G 04702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04702 Registered No. 130

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 Elsinore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Elsinore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK WILLIS COALE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widow

6 (b) Name of husband or wife Ida M. Coale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1856

8. AGE: Years	Months	Days	If less than one day
86	6	14	hr. min.

9. Birthplace Balto. (Town, county, and state) Co.
10. Usual Occupation Coale Muffler & Safety Valve
11. Industry or business retired - 36 years

FATHER
12. Name Jos. M. Coale
13. Birthplace Baltimore, Co., Md.

MOTHER
14. Maiden Name Louise Greble
15. Birthplace Md.

16 (a) Informant Mr. Jos. M. Coale
(b) Address 3902 Canterbury Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 26 1943 (Date received by Registrar) Thomas J. Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1943, at 8:08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to May 23 1943 and that I last saw him alive on May 22 1943

	Duration
Immediate cause of death: Acute parenchymatous nephritis	10 days
Due to: advanced arterio-sclerosis ?	about 2 weeks
Due to:	
Other Conditions: Myocarditis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thalas S Hewlett M. D.
Address 2230 Garrison Blvd Date signed May 25/43

G 04703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 04703 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Park Ave.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Park Ave. (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME David Patrick Donovan

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertrude Boucher Donovan
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) 4/15/43 1863

8. AGE: Years	Months	Days	If less than one day
80	1	9	--- hr. --- min.

9. Birthplace Ellicott City, Howard Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business ----------

FATHER
12. Name Alexander Donovan
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary Naughton
15. Birthplace Ireland

16 (a) Informant Mrs. Gertrude M. Donovan
(b) Address 1504 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. H. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) ---------- (b) ---------- (Date rec'd by registrar) Registrar

MAY 26 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 43 at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943 to May 24 1943 and that I last saw him alive on May 22 1943.

Immediate cause of death
1) Carcinoma Endometrii
Bandiu - Vascular Stasis

	Duration
	?

Due to
Due to
Other Conditions - Uremia Bronchitis | Yrs.?

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature - Earl L. Chambers
Address 4108 Liberty Hts. Date signed 5/26/43 M.D.

G 04704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

G 04704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 117 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Richardson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella Hobeck 79444

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-0337

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Leroy Hobeck
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Mar. 22, ~~1919~~ 1918

8. AGE: Years	Months	Days	If less than one day
25 ~~25~~	~~10~~ 2	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Sylvester
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Siedlecki
15. Birthplace Poland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem. Location Baltimore County

18 (a) Funeral director John J. Welsh
(b) Address 402 S. Chester Street

19 (a) MAY 26 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1943, to May 23 1943, and that I last saw her alive on May 23 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alyce L. Hart
Address Balto City Hosp. Date signed 5/26/43

04705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 04705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1538 N. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Seabrook

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jesse
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Jesse Seabrooks
(b) Address 1538 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kebon
(b) Address 1303 Pleasant

19 (a) MAY 26 1943 (Date rec'd by registrar) Huntington Md (b) Filed

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1943, at 11.55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Was autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner.
Date signed 5/25/43.

VS 6

G 04706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Mosher St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emanuel Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No. 217401-3976

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Sarah Whittington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 1881

8. AGE: Years	Months	Days	If less than one day
61	6	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Sarah Whittington
(b) Address 507 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pleasant St

19 MAY 26 1943 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to May 27 1943, and that I last saw him alive on May 22 1943.

Immediate cause of death Cardio Vascular Renal Disease — Duration Unknown

Due to

Due to Uremic Convulsions — 4 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. William Fray
Address 1928 Penna Ave Date signed 5/26/43 M.D.

VS 8

G 04707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04707 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Ritchie Highway
(c) Hospital or institution:
South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Nov. 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel Co.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Ritchie Highway
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Scotland

3 (a) FULL NAME Peter Davies

3 (b) If veteran, name war

3 (c) Social Security Account No. 113-126769

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1893

8. AGE: Years	Months	Days	If less than one day
49	6	4	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Shipwright
11. Industry or business

FATHER
12. Name David Davies
13. Birthplace Scotland

MOTHER
14. Maiden Name Jean McPherson
15. Birthplace Scotland

16 (a) Informant Edward Clough
(b) Address 202 Glenmore Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Bayview Cemetery
Location Jersey City New Jersey

18 (a) Funeral director E. Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave.

19 MAY 26 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943 at 12.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25/43 to 5/25 1943. and that I last saw him alive on 5/25/43.

Immediate cause of death Coronary thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: at above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Gaston Compernolle M.D.
Address 1213 Light St. Date signed 5-27-43

G 04708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 04708 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3141 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3141 W. North Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Erma C. Wilcoxon

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-01-4894

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John Turner Wilcoxon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17. 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62.	7	6?		

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Arundel Ice Cream Co.

FATHER
12. Name Edward C. Brunner
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Annie Miller
15. Birthplace Md.

16 (a) Informant C. Louise Wilcoxon
(b) Address 3141 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 27. 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Md.

18 (a) Funeral director Mr. & Mrs. John W. Gempel & Son
(b) Address 801 N. Fayette St.

19 MAY 26 1943 (b) Huntington Williams, M.D.
(Date received by local registrar) (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 6.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1943 to 5/24 1943 and that I last saw h alive on 19

Immediate cause of death	Duration
Chronic cardio vascular disease with hypertension	
Due to	
Due to	
Other Conditions Embolus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas H. Kahn M.D.
Address 735 Poplar & Pk Date signed 5/25/43

VS 2

G 04709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149a

Registered No. G 04709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?days?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Spruce Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alma Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	A.A.	Married

6 (b) Name of husband or wife Jack Johnson
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) 7/11/04

8. AGE: Years	Months	Days	If less than one day
38 38	10	14 12	hr. min.

9. Birthplace Salisbury N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Hall
13. Birthplace Salisbury, N.C.

MOTHER
14. Maiden Name Lilla Carter
15. Birthplace Salisbury, N.C.

16 (a) Informant Margaret Hall - Sister
(b) Address 810 N. Spring St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (month) (day) (year)
(c) Cemetery or crematory
Location Salisbury N.C
18 (a) Funeral director Elroy F. Wilson
(b) Address 1000 Brantley Ave
19 (a) Date received by registrar MAY 26 1943 (b) Registrar Hampton Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1943, at 3:55 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943 to May 23 1943, and that I last saw h[illegible] alive on May 23 1943
Immediate cause of death Concealed Hemorrhage - Ruptured Uterus — Duration 4 hrs.
Due to Prolong dry labor
Due to Multiple presentation in Multipara (para XII)
Other Conditions Shock
(Include pregnancy within 3 months of death)
Date of operation 5/23/43
Major findings of operation: Multiple [illegible] Rupture through fundus and anterior [illegible] of autopsy: Ruptured Uterus - Concealed [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Lou L. Berry M. D.
Address 1420 E. Chase Date signed May 26 '43

G 04710
434975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04710
Registered No. 469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 780 W. Saratoga (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME DAMON KING

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-7119

4. Sex: Male | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LENNIE

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 8-31-93

8. AGE: Years 49 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name HENRY KING
13. Birthplace S.C.

MOTHER
14. Maiden Name LOUSIA
15. Birthplace S.C.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D.

MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 25 1943 at 4:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 20 1943 to MAY 25 1943, and that I last saw him alive on MAY 25 1943.

Immediate cause of death: Carcinoma of pancreas with metastases to liver — Duration: 3-4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address Re Johns Hopkins Hosp. Date signed 5/25/43

G 04711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 04711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 354 W. Penna
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND CLARKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1915

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	7	9		1914

9. Birthplace Sarah Co. N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Rufus P. Clarke
13. Birthplace Winston Salem N.C.

MOTHER 14. Maiden Name Dola Deamon
15. Birthplace N.C.

16 (a) Informant Ramona Clarke
(b) Address 903 Bruce Drive High Point N.C.

17 (a) Burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cemetery
Location High Point N.C.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

MAY 26 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943 at 7:50 a M

21. I certify that I took charge of the remains described above, held an ..... thereon and from the evidence obtained Autopsy, Inspection ~~or Inquiry~~ by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of abdomen

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-19-43 at 2:40 a M.
(b) Where did injury occur? Josephine & Cass Sts
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury shot by policeman during

23. Signature W. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-19-43

G 04712

Guerino Zanetti

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

G 04712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lenden & Madison
(c) Hospital or institution: Maryland General Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Chesley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Guesino Zanetti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Daisy Zanetti
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 23, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	1	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Juan Zanetti
13. Birthplace Italy

MOTHER
14. Maiden Name Mary (—)
15. Birthplace Italy

16 (a) Informant Daisy Zanetti
(b) Address 2903 Chesley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Frank V. DiPietro
(b) Address 218 E. Baltimore

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/1943, at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1943 to 5/24 1943 and that I last saw h/ff alive on 5/24 1943

Immediate cause of death Cardiac failure

Due to Degeneration Myocardiale.

Due to

Other Conditions Hypertension or Uremia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr Maurice Shub M.D.
Address Md. general Hosp Date signed 5 [illegible] 43

G 04713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04713

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Schroeder Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Queen

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Martha Queen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 1886
8. AGE: Years 57 | Months 3 | Days | If less than one day: hr. min.
9. Birthplace Mississippi (Town, county, and state)
10. Usual Occupation Defense Worker
11. Industry or business

FATHER
12. Name John C. Queen
13. Birthplace St. Mary's Co — Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Martha Queen
(b) Address 11 N. Schroeder St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St
19 (a) (b) Huntington Williams, M.D. Registrar

MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 10:45 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Truesdell M.D.
Medical Examiner.
Date signed 5/24/43

G 04714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 04714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah Retta Thomas

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife Silas Thomas
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 9 1855

8. AGE: Years	Months	Days	If less than one day
87	3	17	hr. min.

9. Birthplace Jamestown Md.
(Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Samuel Chenjan
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Delaplain
15. Birthplace Md.

16 (a) Informant Thos. Chenjan
(b) Address 615 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1943 (month) (day) (year)
(c) Cemetery or crematory Reformed
Location Jamestown Md

18 (a) Funeral director C O Russum & Son
(b) Address Jamestown Md

MAY 26 1943 Hunter Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to May 26 1943, and that I last saw h alive on May 2 1943

Immediate cause of death — Duration

Ch. Myocarditis — 1940

Due to Ch. Interstitial nephritis — 1940

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Chenjan
Address 1663 W. York St Date signed May 26 1943

Notice: Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04715 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 S. Ponca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 S. Ponca St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Rosa M. Haas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Martin Haas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1876

8. AGE: Years	Months	Days	If less than one day
66	9	26	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Richard Bell
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Sarah Jeffery
15. Birthplace A. A. Co. Md.

16 (a) Informant Husband
(b) Address 837 S. Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/ 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to May 24 1943, and that I last saw h alive on May 15 1943

Immediate cause of death: Coronary Occlusion — Duration: 1 day
Due to: Hypertension Heart Dis. — 10 yrs.
Due to: Diabetes Mellitus
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. N. Dreyer M. D.
Address 15 W. Eager St. Date signed 5/26/43

Huntington Williams, M.D.

G 04716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD BONNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Daisy Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	10	21		1860

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Maitland Bonner
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Daisy Katherine
(b) Address 2721 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Harris Crook Snyder
(b) Address 4600 West North Ave.

19 (a) [illegible] Huntington Williams M.D.
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 , at 40 M

21. I certify that I took charge of the remains described above, held an (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease.

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-26-43

VS 151

434785
G 04717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04717

Registered No. 64

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town New Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 MARKET st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-28

8. AGE: Years	Months	Days	If less than one day
15	-	12	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name RALPH LYONS
13. Birthplace Ind.

MOTHER 14. Maiden Name EVA ESHENAUR
15. Birthplace PA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Edgewood
Location Harrisburg Pa.

18 (a) Funeral director John D. Hodge
(b) Address 300 E. Balto. St

MAY 26 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY-26 1943 at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 17 1943 to MAY 26 1943, and that I last saw him alive on MAY 26 1943.

Immediate cause of death Respiratory failure — Duration 3 min.

Due to Cause unknown

Due to

Other Conditions Myasthenia gravis — 9 mo.
(Include pregnancy within 3 months of death)

Date of operation May 25 1943

Major findings of operation: Thymus gland removed.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Ottenweil
Address J. H. H. Date signed 5/26/43 M. D.

G 04718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G 04718
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gracie Rozier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace Evergreen, N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jno. Mc Duffie
13. Birthplace N.C.

MOTHER
14. Maiden Name Gertie Williamson
15. Birthplace N.C.

16 (a) Informant Mrs Lovessa Baldwin
(b) Address 1018 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Evergreen N. C.

18 (a) Funeral director Adolph Hahn
(b) Address 918 Druid Hill Ave

MAY 26 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1943, at 1 25 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of chest and head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 22 1943 10 20 P M.
(b) Where did injury occur? 1018 W. Fayette St
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 23 1943

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04719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04719
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4610 Furley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4610 Furley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years.

3 (a) FULL NAME Michela Gargiulo

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: late Giuseppe Gargiullo
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? 1875

8. AGE: Years: 68 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Sorrento Italy
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Gaspare Russo
13. Birthplace: Italy

MOTHER
14. Maiden Name: Marianna Castellana
15. Birthplace: Italy

16 (a) Informant: Anthony Gargiulo (Son)
(b) Address: 4610 Furley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~: Baltimore Cemetery
Location: E. North Ave & Rose St.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) MAY 27 1943 (b) Huntington Williams, M.D.
(Month, day, year) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943. at 1:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1942. to May 26 1943.
and that I last saw h~~er~~ alive on May 25 1943.

Immediate cause of death: Cardio-renal-Vascular disease — Duration: 1 year

Due to:

Due to:

Other Conditions: Diabetes Mellitus — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury:

23. Signature: Duncan F. Locke M. D.
Address: 545 N. Patterson Pk. Date signed: 5/29/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 04720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 W. Balt. St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Figlini

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Egidio Giglini
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7 1881

8. AGE: Years	Months	Days	If less than one day
62	2	18	hr. min.

9. Birthplace Campli Italy (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business home

FATHER
12. Name Domenico Di Francesco
13. Birthplace Campli Italy

MOTHER
14. Maiden Name Anna Di Bonaventura
15. Birthplace Campli Italy

16 (a) Informant Egidio Giglini (Husband)
(b) Address 2710 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Midlow St. Huntington Williams, M.D.

MAY 27 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 43 at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 41, to May 25 19 43, and that I last saw her alive on May 15 19 43.

Immediate cause of death	Duration
Arteriosclerotic C.V. disease	5 yrs
Due to	
Due to	
Other Conditions Cerebral Hemorrhage	3 Yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D. J. Imbrandi M.D.
Address 521 Fairmount Ave Date signed 5/26/43

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G 04721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

G 04721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution West Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Fulton Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Levy.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hesh Gerade
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (month) (day) (year)
(c) Cemetery or crematory Southern Cem
Location Home

18 (a) Funeral director Jack Lewis
(b) Address 1439 E. Baltimore St

19 MAY 27 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1943. at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1943. to 5/25 1943.
and that I last saw her alive on 5/24 1943.

Immediate cause of death Uremia. & bronchopneumonia

Due to arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Truman W. Cheek
Address WBGH. Date signed 5/26/43.

G 04722

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04722
CERTIFICATE OF DEATH 95c
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Garrison Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELEANOR V. MOHR

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	single

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 17, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	7	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Mohr
13. Birthplace

MOTHER
14. Maiden Name Sophia Ubert
15. Birthplace France

16 (a) Informant Mrs. George Herth
(b) Address Westminster Md., Route 6

17 (a) Burial (b) Date thereof 5/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 27 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1943 at 11:00 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to May 24 1943, and that I last saw alive on 5-24 1943.

Immediate cause of death	Duration
Cardiac dilitation	6 Mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. P.M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard F. Warren M. D.
Address 2401 Garrison Blvd. Date signed 5-25-43

Huntington Hillcrest, Md.

04723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Laurel, F.F.D., Maryland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: WILLIAM MACK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Alma Mack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1882

8. AGE: Years 61 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

12. Name Mason Mack

13. Birthplace Ky.

14. Maiden Name Unknown

15. Birthplace do

16 (a) Informant Mrs. Alma Mack

(b) Address Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/43 (month) (day) (year)

(c) Cemetery or crematory Ivy Hill Cem.

Location Laurel, Md.

18 (a) Funeral director W. C. White Co.

(b) Address Laurel, Md.

19 (a) MAY 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1943, at 1:30 P. M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 2-20-43 at 4:30 P. M.

(b) Where did injury occur? Guildford, Md. near Laurel Govt. Powder Plant

(c) Did injury occur at home, on farm, industrial place, in public place? Industrial place While at work? Yes

(d) Means of injury Struck by falling object

23. Signature H. L. Wollamveber M.D.
Medical Examiner.

Date signed 5-7-43

VS 181

G 04724 ✓ G 04724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH H8a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2853 Pelham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2853 Pelham Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence M. Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Franklin M. Brown
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1887

8. AGE: Years	Months	Days	If less than one day
55 54	8	2	hr. min.

9. Birthplace Madison Indiana (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lohrig
13. Birthplace Indiana

MOTHER
14. Maiden Name Anna Lehlert
15. Birthplace Baltimore, Maryland

16 (a) Informant Charles J. Brown
(b) Address 2853 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director Joseph Fazzo Inc.
(b) Address 2015 Belmont Ave

19 (a) 5-27-1943 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1943, at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5th 1943, to May 24th 1943, and that I last saw h[illegible] alive on May 24th 1943

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Carcinoma of Synovial metastases	10 m
Due to (a)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur [illegible] out home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lankford M. D.
Address 1[illegible]0 N. Milton Ave Date signed 5/26/43

G 04725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Essex Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Stewart Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Allen Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1943

8. AGE: Years	Months	Days	If less than one day
	3	17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Philip Price
13. Birthplace Md.

MOTHER
14. Maiden Name Peters
15. Birthplace Md.

16 (a) Informant Father
(b) Address Essex Md

17 (a) Burial (b) Date thereof 5/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director C. Schuppinger
(b) Address 2610 E. Madison St.

19 (a) MAY 27 1943
(Date rec'd by registrar) Registrar
Huntington Maryland

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1943 to 5-29 1943, and that I last saw him alive on 5-26 1943.

Immediate cause of death	Duration
Intussusception	
p.o. intubation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Intussusception ileo-colic & ileo-ileum

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry A. Bruce M.D.

Address University Hospital Date signed 5-29-43

Bothe

04726 ✓ G 04726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 2nd
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna K. Bothe 5/24/43

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Charles E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	15	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Topfer.
13. Birthplace Ger.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Ger

16 (a) Informant Family
(b) Address 4 W. Lanvale St

17 (a) B. (Burial, cremation, or removal) (b) Date of removal 5 28 43 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd
Name of Lic. Embalmer J. McCauley

18 (a) Funeral director
(b) Address 130 N. Fort Ave

19 (a) (b) Huntington Williams, M.D. Registrar

MAY 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/43 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1943 to 5/24 1943, and that I last saw h[illegible] alive on 1943

Immediate cause of death May 24 1943

	Duration
Carcinoma of Stomach	3 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Miller M.D. M. D.
Address 1505 N Charles St Date signed 5/27/43

correct age is especially important when deceased is under one year, one month or one day

G 04727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 04727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts
(c) Hospital or institution Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Mc Henry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Timothy F. Shea

3 (b) If veteran, name war None

3 (c) Social Security Account No. 211-07-1103

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine F. Shea

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 24-1871

8. AGE: Years 71 Months 2 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Ireland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Wholesale Grocery

FATHER
12. Name Patrick Shea
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Scanlon
15. Birthplace Ireland

16 (a) Informant Catherine F. Shea
(b) Address 1517 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location City

18 (a) Funeral director Roth & B.M. Walter
(b) Address Baltimore Stricker Sts

19 (a) (Date received by registrar) MAY 27 1943 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1943 at 10:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1943 to 5/24 1943 and that I last saw him alive on 5/24 1943.

Immediate cause of death Generalized Carcinomatosis — Duration 6 mo.
Due to Carcinoma of Stomach — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Royer M. D.
Address Bon Secours Hosp. Date signed 5/24/43

G 04728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 04728

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Lettitia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Lettitia
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna C. Knapp

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles A. Knapp

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 17. 1893

8. AGE: Years 49 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

MOTHER | FATHER

12. Name James Geary

13. Birthplace Ireland

14. Maiden Name Mary Griffin

15. Birthplace Baltimore Md

16 (a) Informant Charles A. Knapp
(b) Address 1926 Lettitia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Cty

18 (a) Funeral director Jeff & B.M. Walter
(b) Address Jeff & Tucker Sts

19 (a) (Date received) MAY 27 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to May 26 1943, and that I last saw h- alive on May 26 1943:

Immediate cause of death: Arteriosclerosis, Hypertension, Endocarditis, Sequestrum Ondiloveabdomen — Duration

Due to

Due to

Other Conditions Pulmonary Edema.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert C Ritchey M. D.
Address 2151 Wilkens Av Date signed 5/26/43

VS 180

G 04729 MJ- 81605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 04729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 [redacted] St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Blackwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Edward Blackwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1885

8. AGE: Years	Months	Days	If less than one day
57	10	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Moses Rhodes
13. Birthplace Virginia

MOTHER
14. Maiden Name Susan Barnett
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory Albertas, Va
Location Va

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pleasant St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 27 1943 Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1943 at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1943 to 5-25 1943 and that I last saw her alive on 5-23 1943

Immediate cause of death Post-operation shock — Duration 4 hrs

Due to Carcinoma of head of pancreas terminated by pancreatectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-23-43

Major findings of operation: As above

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Haase M. D.
Address Balto City Hosp. Date signed 5-25-43

G 04730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Freemanspring & Belvedere
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 years
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Freemanspring & Belvedere Aves.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Zuskin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Hannah.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Ezekel Zuskin
13. Birthplace Russia

MOTHER
14. Maiden Name Spuncy ?
15. Birthplace Russia

16 (a) Informant Abraham Thompson
(b) Address 2627 Loyal Southway

17 (a) Burial (b) Date thereof May 27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave.

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W North ave

19 MAY 27 1943 (b)
(Date received by Registrar) Registrar

VS 188 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1943, at 1:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13/1932 to 5/27/1943 and that I last saw him alive on 5/27/1943.

Immediate cause of death
Diabetes Mellitus
Acute cerebral haemorrhage

Duration
5-20-43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 5/27/43

G 04731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

Registered No. G 04731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Monroe St.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Monroe St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Ahl

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-03-2620

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife XX Blanche S. Ahl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1875

8. AGE: Years 68 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Towson, Md.
(Town, county, and state)

10. Usual Occupation Stereotyper
11. Industry or business A.S.Abell Co.

FATHER
12. Name Charles R. Ahl
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Jones
15. Birthplace Md.

16 (a) Informant Mrs. Blanche S. Ahl
(b) Address 711 N. Monroe St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Leuden Park
Location 3801 Frederick Ave.,

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1943 at 2.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 1943. to May 26 1943. and that I last saw him alive on May 25 1943.

	Duration
Immediate cause of death	
Tuberculosis of Lungs	17 mon.
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman L. Todd M. D.
Address 735 N. Fulton Ave Date signed 5/26/43

G 04732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04732 Registered No. 1376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 N Bond St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GARDINER, Mr. Thomas

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widower

6 (b) Name of husband or wife: Alice V. Hathaway
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-22-1864

8. AGE: Years	Months	Days	If less than one day
78	7	5	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farm

FATHER
12. Name Thomas Gardiner
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name ~~Unknown~~ Do not Know
15. Birthplace ——

16 (a) Informant Mrs. Cecilia Michael
(b) Address 1505 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-43 (month) (day) (year)
(c) Cemetery or crematory St. Ignatius
Location Urbana - Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick - Md.

19 (a) (Signature of Registrar) (b) Registrar

MAY 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1943. 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1943 to 5-27 1943, and that I last saw alive on 5-26 1943.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to General debility	
following Benign Hypertrophy Prostate	
Due to	
Other Conditions Chronic prostatitis	

(Include pregnancy within 3 months of death)

Date of operation 4-16-43
Major findings of operation Benign hypertrophy Prostate - Chronic prostatitis
Date of autopsy

PHYSICIAN Underline the figure to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting Jr.
Address St Joseph's Hosp Date signed 5-27-43

G 04733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 04733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Gastes (Gustaitis) 29276
Admitted to Inf. 10/15/40

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married widowed

6 (b) Name of husband or wife: Maggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1877

8. AGE: Years 66 | Months 00 | Days 9 | If less than one day: hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Tony
13. Birthplace Lithuania

MOTHER
14. Maiden Name Euz
15. Birthplace Lithuania

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Kasinskas, Inc
(b) Address 602 Washington Blvd.

19 (a) MAY 27 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 24 1943 and that I last saw h im alive on May 24 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A L Waite
Address Balto City Hosp Date signed May 25 1943

Correct age in completing, please write the cause of death clearly and legibly.

6704 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04734 — 04734

CERTIFICATE OF DEATH

9-2 A.L. No. 215-07-3020

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Markland Ave St. 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Hayden Mowatt

If U. S. Veteran specify WAR

(a) Residence: No. 410 Markland Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, RUSBAND of (or) WIFE of: Martha E. Mowatt

6. DATE OF BIRTH (month, day, year): Dec. 15, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: J. H. Moss Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John Mowatt

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Annie Patterson

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Dr. Chalfant (Address) 6710 York Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Markland Mem. 5/11/43

19. UNDERTAKER: William Cook Inc. (Address) 5211 St. Paul St

20. FILED MAY 27 1943 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 27 1943 to — 19—

I last saw him alive on May 27 1943. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Arteriosclerosis	
Heart disease	1940
	1940
Other contributory causes of importance:	
Coronary thrombosis	May 26 43

Was an operation performed? No Date of

For what disease or injury? No

Name of operation: No

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Chalfant M. D.

(Address) 6710 York Road

OCCUPATION is very important. See instructions on back of certificate.

10-6

G 04735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 East 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. ~~HARRY~~ Warfield

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1878

8. AGE: Years	Months	Days	If less than one day
64	5	20	hr. min.

9. Birthplace Pennsylvania (Town, county and state)

10. Usual Occupation Watchman

11. Industry or business City Yard

MOTHER / FATHER
12. Name [illegible]
13. Birthplace Virginia
14. Maiden Name [illegible]
15. Birthplace Md

16 (a) Informant Hopkinson Funeral Home
(b) Address Hyde St

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Montgomery & Towne

18 (a) Funeral director Hopkinson Funeral Home
(b) Address 1217 E Fayette St

19 (a) MAY 29 1943 (Date rec'd by Registrar) Registrar Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943 at 12 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to May 27 1943 and that I last saw him alive on May 27 1943

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuelling, M.D.
Address St. Joseph's Hosp Date signed 5-27-43

VS 8

(Over)

G 04736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 04736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIGO MORPHOPOULOS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Paul Morphopoulos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21st 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	4	5		

9. Birthplace Greece (town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Demitrios S. Morphopoulos
13. Birthplace Greece

MOTHER
14. Maiden Name Chrysoula Zikas
15. Birthplace Greece

16 (a) Informant Paul Morphopoulos
(b) Address 2707 St. Paul st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Coots Inc
(b) Address 1617 St Paul Street

19 (a) MAY 29 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1943 at 10A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1943 to 5/26 1943, and that I last saw h[illegible] alive on 5/25 1943.

Immediate cause of death: Cardiac failure — Duration: 6 mos.
Due to: Arteriosclerotic Hypertensive Cardiovascular Disease with Auricular Fibrillation — 15 yrs.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kamm Jr.
Address 5901 York Rd. Date signed 5/28/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 186

G 04737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04737

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Parkville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7709 Queen Anne Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Leonard Hornick Sr.

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Winifred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1881

8. AGE: Years	Months	Days	If less than one day
61	9	20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Self

FATHER
12. Name Leonard C. Hornick
13. Birthplace Mary?

MOTHER
14. Maiden Name Rachael McConnell
15. Birthplace Ireland

16 (a) Informant Mrs Raymond Huber
(b) Address 7709 Queen Anne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month), (day), (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to May 25 1943, and that I last saw h[illegible] alive on May 25 1943

Immediate cause of death: Aleukemic Leukemia — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fueling M.D.
Address St. Joseph's Hosp. Date signed 5-25-43

correct age is especially important. Physicians: please write the cause of death plainly.

YS 3

G 04738 T-74936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 04738

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Randle

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1860

8. AGE: Years	Months	Days	If less than one day
83	3	11	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Caufield
13. Birthplace Europe

MOTHER
14. Maiden Name Brigiter Moran
15. Birthplace Europe

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Fallon & Co Inc
(b) Address 1219 E Pratt St

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943 at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to May 26 1943. and that I last saw he alive on May 26 1943.

Immediate cause of death	Duration
Cerebral thrombosis	2 days
Due to Arteriosclerosis	?
Due to Hypertension & D.	?
Other Conditions Fracture right femur intertrochanteric (Include pregnancy within 3 months of death)	1 hour

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 10 at 10:30 A.M.
(c) Where did injury occur? Home (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home, Infirmary While at work? No (Specify type of place)
(e) Means of injury Fall Probably from Bed

23. Signature Howard J. Haslam, M.D.
Address Baltimore City Hosp. Date signed 5/29/43 M. D.

Howard J. Haslam, M.D.

VS 150

04739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

G 04739
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Twinbrook Rd
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Twinbrook Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Bangert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1870

8. AGE: Years	Months	Days	If less than one day
73	1	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER — 12. Name Ernest Schneider
13. Birthplace Germany

MOTHER — 14. Maiden Name Elizabeth Wagner
15. Birthplace Baltimore

16 (a) Informant William Cleveland
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Co.

18 (a) Funeral director E. J. Fleming & Son
(b) Address 1938 E. Lafayette Ave.

19 MAY 27 1943 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1943 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1943 to 5/26 1943 and that I last saw h alive on 5/26 1943

Immediate cause of death	Duration
Cardiac failure	
Due to Cerebral embolism	
Due to Lung abscess	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Means Shannon M. D.
Address Maryland Gen Hosp Date signed 5-26-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

4740 48269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 51B

G 04740 Registered No.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 W. Third St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David N. Koogle (Koogle)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-65

8. AGE: Years	Months	Days	If less than one day
78	1	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name George Koogle
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Kailor
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 5/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Md

18 (a) Funeral director Harry E. Early Co
(b) Address Frederick Md

19 MAY 27 1943 (c) Huntington Williams, M.D.
(Date received by local registrar) Registrar

VS 180

MEDICAL CERTIFICATION 35

20. DATE OF DEATH May 26 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to May 26 1943, and that I last saw him alive on May 26 1943.

Immediate cause of death: Heart failure — Duration: 6 weeks

Due to: Pulmonary embolism — Duration: 1 hour

Due to

Other Conditions: Carcinoma of prostate

(Include pregnancy within 3 months of death)

Date of operation: May 14, 1943

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. J. Richardson, M.D.

Address Johns Hopkins Hosp. Date signed 5/26/43

Hilda Zimmerman 2858 Harford Road

04741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59B

Registered No. G 04741

correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Mary ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Mary Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Christina G. Frankl

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Laurence Frankl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1884

8. AGE: Years 59 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Benesch
13. Birthplace Austria

MOTHER
14. Maiden Name Catarie Barton
15. Birthplace Austria

16 (a) Informant Laurence Frankl
(b) Address 3608 Mary Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Lynch & Son
(b) Address 2004 E Lanvale St

MAY 28 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19__ to May 26 1943, and that I last saw h[illegible] alive on May 14 1943

Immediate cause of death Myocarditis — Duration 10 D

Due to Arteriosclerosis — Duration 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest J. Zimmerman M. D.
Address 2858 Harford Ave Date signed 5/27/43

04742
80497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

G 04742
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Mosher St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian English

3 (b) If veteran, name war	3 (c) Social Security Account No. None
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) 5/17/23

8. AGE: Years	Months	Days	If less than one day
20	2	7	..... hr. ..... min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lawrence Coleman
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Phillips
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.G. County Md
18 (a) Funeral director Chas. H. Woodyard
(b) Address 514 N. Calhoun St.
19 MAY 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22 1943, to May 24 1943, and that I last saw her alive on May 24 1943.

Immediate cause of death	Duration
Tuberculous peritonitis	2mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.S. Hartz M. D.
Address Balto City Hosp Date signed 4-28-43

G 04743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04743 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 N. Schroeder St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town 230 N. Schroeder St (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Nathaniel Wade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lula Wade
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
47			Hr. min.

9. Birthplace Tillery N. C. (town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business Welder.

FATHER
12. Name Rufus Wade
13. Birthplace Tillery N. C.

MOTHER
14. Maiden Name Lula ?
15. Birthplace Portsmouth Va.

16 (a) Informant Lula Wade
(b) Address Portsmouth Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 MAY 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address 522 N. Arlington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1943. at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18. 1943 to 5/24 1943.
and that I last saw him alive on 5/21 1943.

Immediate cause of death Broncho Pneumonia — Duration Junk
Due to Exposure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Finger Jr M.D.
Address 522 N. Arlington Ave Date signed 5/24/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 E Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEE Anthony NEWELL

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 579-07-8542

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Theresa M. Newell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 1899

8. AGE: Years 44 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Buffalo, N. Y. (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Cor. Harold L. Newell
(b) Address 326 Maple St, Buffalo, N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Fairmount Ave Balto

18 (a) Funeral director Jos. J. Tuchman & Son
(b) Address 1411 E. Pennsylvania Ave

19 (a) (Date MAY 22 1943 received by Local Registrar) Huntington Hillsville, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Attending Medical Examiner.
Date signed 5-22-43

G 04745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04745 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELIZABETH ELLECAMP

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 3, 1866

8. AGE: Years: 76 Months: 10 Days: 23 If less than one day: 24 hr. min.

9. Birthplace: Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Henry Hilgartner
13. Birthplace: Germany

MOTHER
14. Maiden Name: Henrietta W. Most
15. Birthplace: Germany

16 (a) Informant: Mr. Walter E. Ellecamp
(b) Address: 4107 - 6th St., Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem. Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) MAY 28 19[illegible] (Date received by Registrar) Huntington Williams, M.D. (Code)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 19 43 at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1943 to 5/27 1943 and that I last saw h[illegible] alive on 5/27 1943

Immediate cause of death: Cerebral Accident. — Duration: [illegible]

Due to: Hypertensive C.V.D. — Duration: Unknown

Due to: — Duration:

Other Conditions: Fr. femur Arteriosclerosis. — Duration:

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: May 20 1943 at 5:00 P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place) fell down 3 steps
(e) Means of injury

23. Signature: Patrick C. Shelan M.D.
Address: Mercy Hospital Date signed: 5/28/43

Robert Lee Graham M.D.

VS 150

G 04746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

G 04746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laynes + Dukeland
(c) Hospital or institution: West Balto Gen Hosp 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto, Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 - N. Pulaski
(Rural route location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Bertie Fee. (Bertie B. Fee)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Milton Fee, Sr.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 11/15/1880

8. AGE: Years 62 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Mr. Milton B. Decker
13. Birthplace Pa.

MOTHER
14. Maiden Name Georgianna Black
15. Birthplace Balto., Md.

16 (a) Informant Mr. John R. Fee, son
(b) Address 1914 Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) MAY 28 1943 (Date rec'd by registrar) (b) Huntington Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1943. 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 , and that I last saw h e alive on 19 .

Immediate cause of death: Cardiac failure
Due to: post operative shock
Due to: Bile stone in terminal ileum
Due to: Chronic Cholecystitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/26/43

Major findings of operations: Bile stone in terminal ileum

Findings of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vernon M. Cheek M.D.

Address WBGH Date signed 5/27/43

correct age is especially important. Physicians: please write the address of usual residence and legibly.

VS 150

G 04747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 51B

G 04747 Registered No. 12-4511

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 E Baltimore St.
(c) Hospital or institution: Bon Secours Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julian Hulse.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Widowed

6 (b) Name of husband or wife Johanna Hulse.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/76

8. AGE: Years	Months	Days	If less than one day
66	7	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Brick layer
11. Industry or business Same

FATHER
12. Name Henry Hulse.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret A. Griffith
15. Birthplace Baltimore

16 (a) Informant Lillian Hulse. (Sister)
(b) Address 2906 E. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43. (month) (day) (year)
(c) Cemetery or crematory Loraine Cemetery
Location Baltimore

18 (a) Funeral director Wm. J. Sirum & Son
(b) Address North & Fremont Sts. Baltimore, Md.

19 (a) MAY 28 1943 (Date accepted) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1943. at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1943. to 5/26 1943. and that I last saw h[illegible] alive on 5/26 1943.

Immediate cause of death Metastatic Carcinoma
C Metastatic Carcinoma

Due to

Due to

Other Conditions Contributing Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 5 days in hospital

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard S. Brady M. D.
Address Bon Secours Hospital Date signed 5/26/43

G 04748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89a

Registered No. G 04748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3935 Edmonson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adelaide HINES (Adelaide Henrietta Hynes)

3 (b) If veteran, name war: -

3 (c) Social Security Account No. 705-05-2849

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife: Harry HINES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1881

8. AGE: Years	Months	Days	If less than one day
61	5	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation clerk
11. Industry or business

FATHER
12. Name George Leidig
13. Birthplace Baltimore

MOTHER
14. Maiden Name Frederica Stadup
15. Birthplace Baltimore

16 (a) Informant Hospital records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Tichnor & Son
(b) Address Balto., Md.

19 (a) MAY 29 1943 (Date rec'd by registrar) (b) Hampton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 2 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943, to May 26 1943, and that I last saw her alive on May 26 1943.

Immediate cause of death	Duration
Circulatory collapse	
Due to meningitis	
Due to Pneumococcus Type I	2-3 days
Other Conditions otitis media, Septicaemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 5-26-43

VS 5

G 04749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G 04749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 W. Henrietta St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Connie Mae Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1937

8. AGE: Years 6 | Months 2 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Percy Parker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Willie Mae Douglass
15. Birthplace S. C.

16 (a) Informant Willie Mae Parker
(b) Address 432 W Henriette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-43 (month) (day) (year)
(c) Cemetery or crematory Pennsville
Location S. Carolina

18 (a) Funeral director Wm. H. Chase & Son Co
(b) Address 638 N. Eutaw

19 (a) MAY 28 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 2:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to May 27 1943, and that I last saw her alive on May 27 1943.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Bayless M. D.
Address Provident Hospital Date signed 5-27-43

VS 3

G 04750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

G 04750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulhams + Caton Aves.
(c) Hospital or institution: St. Agnes Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2742 W. Fairmount Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Nellie B. Hartwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Harry F. Hartwell

6 (c) If alive, give age + years

7. Birth date of deceased (mo., day, yr.) 6-23-79

8. AGE: Years 63 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Ed. R. Hopkins
13. Birthplace England

MOTHER
14. Maiden Name Annie Duvall
15. Birthplace Wm Md

16 (a) Informant Wm G. Farrell
(b) Address 2742 W. Fairmount Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 28/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore. Md

18 (a) Funeral director F. B. WIPPERT, SON
(b) Address 360 Eutaw Place

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MAY 28 1943

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 26 1943 and that I last saw h[illegible] alive on May 26 1943.

Immediate cause of death Bleeding gastric + duodenal ulcers

Due to

Due to

Other Conditions Cirrhosis of liver

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Clifton Conberg, M.D.
Address St. Agnes Hosp. Date signed 5/26/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 04751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04751 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Chateau Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Chateau Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna K. Foos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John E. Foos

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 6th 186

8. AGE: Years 76 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John H. Benner

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Mueller

15. Birthplace Germany

16 (a) Informant John E. Foos

(b) Address 507 Chateau Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director F. B. Widdersheim

(b) Address 300 Eutaw Place

19 (a) (Date received by Local Registrar) MAY 28 1943 (b) Signature of Local Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1943 at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to May 27 1943, and that I last saw h alive on 5-27 1943.

Immediate cause of death Myocarditis (Chr.).

Due to

Due to

Other Conditions Chr. Cholecystitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Ewald Jr. M. D.

Address 36 York Ct. Date signed 5/27/43

G 04752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160C

Registered No. G 04752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 E. Fayette St.
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Page

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Meredith Clayton Page
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Ruth Estelle Winkler
15. Birthplace Baltimore, Maryland

16 (a) Informant Ruth Clayton Page
(b) Address 127 Symington Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 (month) (day) 1943 (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director F. B. Wellbrock & Son
(b) Address 320 Eutaw Place

19 (a) [redacted] 1943
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1943 at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 5:30 AM 1943 to 5/27 12:20 PM 1943 and that I last saw him alive on 5/27 1943

Immediate cause of death: Congenital Atelectasis — Duration 7 hrs.
Due to: Prematurity 32 wks.
Due to:
Other Conditions: Placenta Praevia Marginalis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond Rogan, M.D.
Address [redacted] Date signed 5/27/43

Signature for Williams, M.D.

correct age in especially important cases

G 04753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 04753
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Cummings (Lillian Commings)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert Cummings

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 3, 1892

8. AGE: Years 50 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, or country)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Abraham Berry
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Tack
15. Birthplace Md.

16 (a) Informant Mabel Collins Cheeseman
(b) Address 1215 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Loker & Young

18 (a) Funeral director Loker & Young
(b) Address 804 N. Caroline St.

19 (a) [illegible] (b) Washington Blvd

MAY 28 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to May 25 1943.
and that I last saw h[illegible] alive on May 24 1943

Immediate cause of death: Acute Dilatation of heart — Duration: May 24 1943

Due to: Acute Bronchopneumonia — Duration: May 20

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 121 [illegible] St. Date signed May 27 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04754 Registered No. G 04754

G 04754 332a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Dudley Ave,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Dudley Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Barnett

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
**	**	Female	White	Widow

6 (b) Name of husband or wife *** James T. Barnett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1863

8. AGE: Years	Months	Days	If less than one day
80	I	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name John H. Hand
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Scott
15. Birthplace Baltimore, Md,

16 (a) Informant Mr. James L. Barnett
(b) Address 3419 Dudley Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave.

18 (a) Funeral director John A. Horan.
(b) Address 3000 E. Baltimore St,

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
MAY 28 1943
VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1943, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943, to May 26 1943, and that I last saw her alive on May 26 1943

Immediate cause of death	Duration
Broncho Pneumonia	10 days
Acute Dilatation Heart	1/2 hour
Due to Myocarditis	3 days
Due to Influenza	2 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. Sa Stevens M. D.
Address 2818 Harford Rd. Date signed 5-27-43

G 04755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04755 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~City~~ 6000 Belleona Av
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 10
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 McCabe Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Lucy agnes Tilghman

3 (b) If veteran, name war ..... (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 12 - 1859

8. AGE: Years	Months	Days	If less than one day
84	7	15	..... hr. ..... min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Tilghman
13. Birthplace .....

MOTHER
14. Maiden Name Martha Judd
15. Birthplace Kentucky

16 (a) Informant Hazel E Barber
(b) Address 616 McCabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-43 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location .....

18 (a) Funeral director A Riley Slade
(b) Address 4907 York Road

19 (a) ..... (b) .....

Registered by registrar MAY 28 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 6:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to May 27 1943, and that I last saw her alive on May 27 1943.

Immediate cause of death ..... Duration

Chronic Myocarditis 4yrs

Due to .....

Due to .....

Other Conditions Hypertension Cerebral Hemorrhage 5yrs
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W E Cole M. D.
Address 6014 York Road Date signed 5-27-43

G 04756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 04756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Dolphin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Francis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife Cora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1889

8. AGE: Years	Months	Days	If less than one day
53	8	23	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Benjamin Francis
13. Birthplace Md

MOTHER
14. Maiden Name Alberta Gale
15. Birthplace Md

16 (a) Informant Cora Francis
(b) Address 738 N. Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto., Md.

18 (a) Funeral director Joseph L. Lochi, Jr.
(b) Address 1130 N. Central Ave

19 (a) (Date received by registrar) (b) Registrar

VR MAY 28 1943 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 2:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943, to May 26 1943, and that I last saw him alive on May 26 1943.

Immediate cause of death Hypertensive Cardio-vascular Disease — Duration

Due to

Due to

Other Conditions Mitral insufficiency Aortitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Banfield M. D.
Address Provident Hospital Date signed 1-26-43

Correct age is especially important. Physicians, please write plainly.

G 04757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04757 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5115 Harview Ave.
(c) Hospital or institution:

2715

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5115 Harview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Strodtman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Eva Pearl Strodtman
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1886

8. AGE: Years	Months	Days	If less than one day
57	4 3	1 0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore City.

FATHER
12. Name George Strodtman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Creamer
15. Birthplace Baltimore, Md.

16 (c) Informant Mrs Eva Pearl Strodtman
(b) Address 5115 Harview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. County

18 (a) Funeral director Fredericks & Cole
(b) Address 2200 N Lombard St

19 (a) MAY 28 1943 (Date received by Registrar) [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1943, at 2P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 to 5/25 1943 and that I last saw h. alive on 5/25/ 1943.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Nurse M. D.
Address 7101 Elbford Date signed

G 04758 4594786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 L

G 04758 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 ashland ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer H. Zick SR

3 (b) If veteran, name war World 1

3 (c) Social Security Account No. none

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** MARRIED

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 3-8-96

8. AGE: Years 47 | Months 2 | Days 14 17 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo ZICK
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth HORN
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 29/43 (Month) (Day) (Year)
(c) Cemetery or crematory Maryland Memorial Pk
Location Baltimore

18 (a) Funeral director Philip Keany Sons
(b) Address 2024 Eutaw St

19 (a) MAY 28 1943 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 17 1943 to MAY 26 1943 and that I last saw him alive on MAY 26 1943.

Immediate cause of death Giant Follicular Lymphoblastoma — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Anastasiou

Address The Johns Hopkins Hosp. Date signed 5/26/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G 04759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 72a

G 04759 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1931 E. Jefferson st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Margaret Chartrue (Chartrue)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-5840

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12 - 1884

8. AGE: Years	Months	Days	If less than one day
58	6	20	14 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Frank Chartrue
13. Birthplace Unknown

MOTHER
14. Maiden Name Chaistina Lack
15. Birthplace Unknown

16 (a) Informant Mrs. Mamie Hammen
(b) Address 1931 E Jefferson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Eastern Ave, Md

19 (a) MAY 28 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 7 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943 to May 26 1943 and that I last saw h[illegible] alive on May 26 1943.

Immediate cause of death: Thrombocytopenic Purpura, Idiopathic. — Duration: About 5 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Fusting M. D.
Address St. Joseph's Hosp. Date signed 5-26-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 04760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

G 04760 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any false statement or omission renders the certificate void. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 36th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 36th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred E. Baldwin.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-6477

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Arthur L. Baldwin

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1902

8. AGE: Years 40 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Stiffer.

11. Industry or business Mt Vernon mills.

FATHER
12. Name Maurice A. Lowry.
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha Lowman
15. Birthplace Md.

16 (a) Informant Arthur L. Baldwin
(b) Address 700 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/43 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Sunset Ridge
Location Parkville, Md.

18 (a) Funeral director Lawrence J Shimaner
(b) Address 3615-17 Chestnut Ave.

19 (a) Date rec'd by registrar MAY 28 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1943 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to May 25 1943. and that I last saw h alive on May 25 1943.

Immediate cause of death: Carcinoma of stomach — Generalized Carcinomatosis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J Shimaner
Address 7711 Falls Rd Date signed 5-28-43 M. D.

LAWRENCE-SHIMANER

G 04761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 04761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any person who wilfully makes any false statement in this certificate is guilty of a misdemeanor. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 N Monstland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 N. Monstland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zada H. Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William M. Schultz
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug. 26 1893

8. AGE: Years 59 | Months 9 | Days 0 | If less than one day: hr. min.

9. Birthplace Clarksburg West Va. (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name S. I. Butters
13. Birthplace Clarksburg West Va

MOTHER
14. Maiden Name Flora Hamm
15. Birthplace Simpson West Va.

16 (a) Informant William M. Schultz
(b) Address 1314 N. Monstland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto Md.

18 (a) Funeral director Guy C. Miller Inc
(b) Address 2435 E. Oliver St

19 (a) (Date rec'd by local registrar) (b) Thurlington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 26 1943 and that I last saw her alive on May 25 1943.

Immediate cause of death: Carcinoma of Breast with metastases — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F Karl Grossman M. D.
Address 212 N Patterson Pk Ave Date signed 5/29/43

G 04762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 E.Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 E.Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Amos P.Horn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Margaret Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1860

8. AGE: Years	Months	Days	If less than one day
83	0	0	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name not known
13. Birthplace " "

MOTHER
14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Mrs.L.Rothlingshofer
(b) Address 2004 E.Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) MAY 28 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1943. at 11 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943. to May 25 1943.
and that I last saw him alive on May 25 1943

Immediate cause of death Coronary Occlusion — Duration 4 11/43
Due to Chr. Myocarditis — 1/6/1943
Due to Arteriosclerosis — 1935
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Rogers M.D.
Address 801 N Kenwood Ave Date signed 5/27/43

4763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

Registered No. G 04763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? and (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Morsell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife John Morsell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1892

8. AGE: Years	Months	Days	If less than one day
51	4	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Keys
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie Walker
15. Birthplace Balto Md.

16 (a) Informant John Morsell
(b) Address 806 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Edmondson St.

19 MAY 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 6:00 p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943, to May 26 1943, and that I last saw her alive on May 26 1943.

Immediate cause of death Hypertensive Cardiovascular Renal Disease.

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. L. Banfield M. D.
Address Provident Hospital Date signed 5-27-43

VS 3

G 04764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04764

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 N. Rogers ave
(c) Hospital or institution: Home for the Aged M.eh
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 N Rogers Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Ella Frey

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Benjamin L. Frey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31. 1861

8. AGE: Years 82 | Months 1 | Days 27 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Alexander Peppler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Unsel
15. Birthplace Germany

16 (a) Informant Miriam E Keath Dau
(b) Address 2211 N. Rogers ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 31 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY-27 1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to April 27 1942 and that I last saw h.e alive on 5-27- 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Arteriosclerosis — 10 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony Daniels M. D.
Address 800 N 3 St Date signed 6-2-43

PLEASE WRITE PLAINLY, with unfading ink. Every item must be answered. Use "None" or "Unknown" where necessary. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04765 Registered No.

CERTIFICATE OF DEATH 94a

G 04765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenway Apartments.
(c) Hospital or institution: 34th St. & Greenway
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apartments.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. White.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19-1881

8. AGE: Years	Months	Days	If less than one day
61	7	7	hr. min.

9. Birthplace Parksley Va.
(Town, county, and state)
10. Usual Occupation Investigator
11. Industry or business City of Baltimore

FATHER
12. Name John T. White
13. Birthplace Skeltons Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Wilson K. Barnes
(b) Address 111 Ridgewood Rd.

17 (a) Burial (b) Date thereof 5/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) (Date rec'd) (By) Hunting Williams M.D.

MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1943, at 9:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunter B. Williams M.D.
Medical Examiner.
Date signed 5/27/43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04766 6

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 N Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Pritt

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 15 - 41

8. AGE: Years 2 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace W Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lyal Pritt
13. Birthplace W. VA

MOTHER 14. Maiden Name Ilene Workman
15. Birthplace W Va

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Glenvale Md

18 (a) Funeral director Williams & Son
(b) Address 1219 E Pratt St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943 at 7-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 27 1943 to MAY 27 1943, and that I last saw him alive on MAY 27 1943.

Immediate cause of death Respiratory Failure — Duration 24 hours

Due to Meningitis, meningococcal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D Troggis M.D.
Address Johns Hopkins Hospital Date signed 5-28-43

G 04767 ✓ G 04767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Jefferson
(c) City or town Kearneysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Strother Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/10/1884

8. AGE: Years	Months	Days	If less than one day
58	8	18	hr. min.

9. Birthplace Jefferson Co., Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John T. Dorsey
13. Birthplace Leetown, W. Va.

MOTHER
14. Maiden Name Ida V. Ramsburg
15. Birthplace Leestown, W. Va.

16 (a) Informant Mrs. Eugene Frith
(b) Address Kearneysville, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Cem
Location Charles Town W Va

18 (a) Funeral director Mrs. J. Fichter & Sons
(b) Address Fourth & Penna Aves

19 (a) (Date rec'd by registrar) (b) Huntington W. Va.

VS MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 19 43, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 19 43 to 5-28 19 43 and that I last saw h. alive on 5-28 19 43

Immediate cause of death Perforated gastric ulcer

Due to

Due to

Other Conditions Peritonitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: Perforated gastric ulcer

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Kardash
Address Community Hosp. Date signed 5-28-43

G 04768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G 04768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 W.Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Miller,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	8	hr. min.

9. Birthplace Annapolis A.A.Co.Md.
(Town, county, and state)
10. Usual Occupation Janitress
11. Industry or business

MOTHER / FATHER

12. Name James Gantt,
13. Birthplace A.A.Co.Md.

14. Maiden Name Mary Purdy,
15. Birthplace A.A.Co.Md.

16 (a) Informant Louis C.Miller,
(b) Address 2120 W.Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31.1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W.Little,
(b) Address 2700 Edmondson Ave.

19 (a) (Date received by registrar) (b) Lexington Williamson Mt

MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 5/26 1943 and that I last saw h alive on 5/25 1943

Immediate cause of death: Acute cardiac dilatation — Duration 1 Hr.
Due to: Chronic myocarditis and — 2yrs.
Due to: Chronic nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Gales
Address 4 N Fulton Date signed 5/27

G 04769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 04769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Windsor Mill Road & Caton Aves
(c) Hospital or institution St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 7003 Windsor Mill Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar L. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah E. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-10-69

8. AGE: Years 74 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Frederick County, Md. (Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Antonia Lindsay
15. Birthplace Montgomery Co., Maryland

16. (a) Informant Mrs. W. H. Macken
(b) Address 7245 Windsor Mill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miles Lamorgan
(b) Address 4210 Liberty Heights Ave.

MAY 28 1943

(b) Registered Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 6 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1943 to 5/26 1943, and that I last saw him alive on 5/26 1943

Immediate cause of death
Septicaemia
Due to Pyonephrosis
Due to
Other Conditions Benign prostatic Hypertrophy
(Including pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W Steen M. D.
Address St Agnes Hospital Date signed 5/26/43

Instructions: Physicians: please write the causes of death clearly and legibly. Every question must be answered.

G 04770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 04770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 Washington Blvd (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MILDRED E. SWIFT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
---	----	F	W	-----

6 (b) Name of husband or wife -----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1938

8. AGE: Years	Months	Days	If less than one day
4	10	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Woodrow B. Swift
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Karras
15. Birthplace Hopewell, Virginia

16 (a) Informant Mrs. Virginia K. Swift
(b) Address 755 Washington Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. J. Evans & Son Inc.
(b) Address 118 N. Fmt. Royal Ave

MAY 28 1943 Harrington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943, at 6 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Fracture of skull — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 17-1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-25-43 at 6 50 M
(c) Where did injury occur? Woodlawn Park (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Roadway (Specify type of place) While at work?
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Date signed 5-26-43 Coroner Medical Examiner.

VS 6

Correct as to spelling of name, date and place of birth, and other particulars as far as can be ascertained.

G 04771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04771

Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 862 N. Howard St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: David Denny
3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah Bacon Denny
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Nov. 17, 1872
8. AGE: Years 70 | Months 6 | Days 9 | If less than one day hr. min.
9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name John Denny
13. Birthplace S.C.

MOTHER
14. Maiden Name (Tarbell) Catherine Morris
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location
18 (a) Funeral director Otto E. Crane-Son
(b) Address 118 N. Mt. Royal Ave.
MAY 28 1943 (Date received by registrar) (Signature) Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 5:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943 to May 26 1943 and that I last saw h[illegible] alive on May 26 1943.
Immediate cause of death: Pulmonary tuberculosis — Duration: ?
Due to
Due to
Other Conditions (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. S. Hartz M.D.
Address Balto City Hosp. Date signed 5/27/43

04772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a C 04772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Ashburton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Snyder

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-03-3914

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ernestine Snyder
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) Feb. 3, 1889
8. AGE: Years 54 | Months 3 | Days 24 | If less than one day: hr. min
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business Balto Sun Co.

FATHER
12. Name John Snyder
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sarah Bachman
15. Birthplace Balto.

16 (a) Informant Mrs Ernestine Snyder
(b) Address 1815 Ashburton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto.
18 (a) Funeral director A. Gaquad Evans
(b) Address 1400 Eutaw Place, Balto, Md
19 (a) MAY 28 1943 (Date received) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1940 to May 27 1943, and that I last saw h[illegible] alive on May 27 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension — Duration: 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. H. Stone
Address 3703 Jamison Blvd Date signed 5/27/43 M. D.

VS 180

G 04773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

462 G 04773 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave. 28-3
(c) Hospital or institution:
Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Clifton Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Katherine F. Collins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1859

8. AGE: Years	Months	Days	If less than one day
83	11	14	— hr. — min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Dennis Collins
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine O'Sullivan
15. Birthplace Ireland

16 (a) Informant Hospital Record
(b) Address 1000 Eaton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) MAY 29 (Date received by registrar) (b) 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to May 26 1943, and that I last saw her alive on May 26 1943.

Immediate cause of death Heart failure — Duration
Due to Vasomotor supression
Due to caused by abdominal carcinoma.
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Bryan, M.D.
Address St Agnes Hosp Date signed 5/31/43

correct age is especially important. Typewriter preferred. Use black ink. Print plainly.

VS 150

G 04774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 04774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3523-Old York Road
(c) Hospital or institution: -- 9

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 55-yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3523-Old York Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Abraham C. Welfelt

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-05-2362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle (Turner)
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1/12/1866

8. AGE: Years	Months	Days	If less than one day
57	4	14	- -hr- - - -min.

9. Birthplace Cardiff, Wales, England (Town, county, and state)
10. Usual Occupation Clerk -Office
11. Industry or business Schludberg-Kurdle Co.

FATHER
12. Name ?
13. Birthplace England

MOTHER
14. Maiden Name ?
15. Birthplace England

16 (a) Informant Mrs. Myrtle Welfelt
(b) Address 3523-Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address

19 MAY 28 1943 (c) Huntingtown Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1943 at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11/43 to 5/26 1943 and that I last saw h[illegible] alive on 5/25 1943

Immediate cause of death

	Duration
Coronary Thrombosis	3 hrs
Due to Chronic Myocarditis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Gilroy M.D.
Address 1111 N. Charles St. Date signed 5/29/43

VS 150

Physicians: please write the causes of death clearly and legibly. Information correct age is especially important.

04775 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 04775

CERTIFICATE OF DEATH 1310

1. **PLACE OF DEATH**

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1333 Argyle Ave. St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. **FULL NAME** Robert Brown 17-2

(a) Residence: No. 1333 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto MD
(State or country)

FATHER

13. NAME Ananias Brown

14. BIRTHPLACE (city or town) Richmond Va
(State or country)

MOTHER

15. MAIDEN NAME Bettie D Chappelle

16. BIRTHPLACE (city or town) Mecklenberg Co Va
(State or country)

17. INFORMANT Elizabeth Brown
(Address) 1333 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Wanbrew Date MAY 29 1943

19. UNDERTAKER Charles H Alexander
(Address) 1200 Mt Cutler St.

20. FILED MAY 29 1943 Thurlington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/1943

22. I HEREBY CERTIFY, That I attended deceased from May 2 1943 to May 26 1943
I last saw him alive on May 25 1943 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	—

Other contributory causes of importance:

Bronchio-pneumonia	May 20

Name of operation None. Date of ...
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) 1422 E Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1943

G 04776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 Bartlett St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Bartlett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Irving Buck

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24-31

8. AGE: Years	Months	Days	If less than one day hr.	min.
17	1	2		

9. Birthplace Baltimore. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Harry H. Buck
13. Birthplace Baltimore

MOTHER
14. Maiden Name Beatrice Bebel
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 746 Bartlett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director John G. Connelly
(b) Address 718 Eastern Ave. City

19 (a) (Date rec'd by registrar) (b) Huntington Williamsburg, Md.

MAY 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943 at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to May 26 1943, and that I last saw him alive on May 25 1943.

Immediate cause of death
Cerebral Embolism — Duration: 2
Due to Rheumatic Heart Disease — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Lynn, M.D.
Address 176 E. North Ave. Date signed 5/28/43

04777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04777
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

6-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Norfolk
(c) City or town RURAL Webster Mo. (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D Route 2 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Litzinger, John Edward

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Litzinger Rachel Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-90

8. AGE: Years	Months	Days	If less than one day
53	1	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Litzinger
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Fowler
15. Birthplace Maryland

16 (a) Informant Mrs. John Edward Litzinger
(b) Address Route 2 Box 66 Webster Mo

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1943 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Perryman Md.

18 (a) Funeral director Henry Fleming Sons
(b) Address Aberdeen Md

19 (a) MAY 29 1943 (b) Registrar

Huntington Hill

75 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 4:01 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1943 to 5-28-1943 and that I last saw h im alive on 5-28-1943

Immediate cause of death	Duration
Coronary Thrombosis	5 5
Due to Arteriosclerosis	
Heart Disease	2 5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Goodwin M.D.
Address Church Home & Hospital Date signed 5/28/43

G 04778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Sidney (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E River St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Robert W. Siver

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	15	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation Post master
11. Industry or business U.S.

FATHER
12. Name Martin L. Siver
13. Birthplace New York

MOTHER
14. Maiden Name Catherine White
15. Birthplace New York.

16 (a) Informant admission history
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1943 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem
Location Sidney, N. Y.

18 (a) Funeral director Landon M. Brooks
Sparks, Md.

MAY 29 1943
19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943 to May 28 1943, and that I last saw h[illegible] alive on May 28 1943.

	Duration
Immediate cause of death: Respiratory failure.	
Due to: Cachexia	
Due to: Ruptured gall bladder	6 day.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation May 22, 1943
Major findings of operation: Ruptured gall bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Union Memorial Hospital
Baltimore Md. 5-28-43

G 04779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Millersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DELILAH HUDSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colo	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Millersville Bot 119 (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Milton Hudson
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Brewer
15. Birthplace Cecil Chest. Q. Co. Md

16 (a) Informant Milton Hudson
(b) Address Millersville Bot 119.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 29 43 (month) (day) (year)
(c) Cemetery or crematory Molly Neck - A. A. Co. Md
Location Balto.

18 (a) Funeral director Walter R. Lee 1933
(b) Address 139 W. Hamburg St.

19 (a) MAY 29 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 2.45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hemorrhage, adrenals
bilateral
Due to Septicemia, probably
Meningococcus

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-26-43

VS 151

G 04780
433221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 13 k

G 04780
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town TURNER STATION (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 EAST AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA MALLORY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-43

8. AGE: Years | Months: 4 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name: Albert Mallory
13. Birthplace: VA

MOTHER — 14. Maiden Name: Elsie Thomas
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-28-43 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cemetery
Location: Balto Md

18 (a) Funeral director: Archibald A. Gaffney
(b) Address: 2101 N. Eutaw St

19 (a) MAY 29 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: MAY 26 1943, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 17 1943, to MAY 26 1943, and that I last saw her alive on MAY 26 1943

Immediate cause of death: Miliary Tuberculosis — Duration: 6 wks

Due to (over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Demetrius D. Zaggis M.D.
Address: Johns Hopkins Hospital Date signed 5-27-43

MINNIE THOMAS

G 04781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 04781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 157 Treves PRESSER

(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 53yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 157 Treves Pl (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Minnie Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Albert Thomas

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 22 1889

8. AGE: Years	Months	Days	If less than one day
53	10	5	hr. min.

9. Birthplace MD (Town, county, and State)

10. Usual Occupation Housework

11. Industry or business Home

FATHER

12. Name Anderson

13. Birthplace

MOTHER

14. Maiden Name Sonia Johnson

15. Birthplace Maryland

16 (a) Informant Albert Thomas

(b) Address 157 Treves Pl.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-28-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Balto. Md.

18 (a) Funeral director Archibald & Galphin

(b) Address 2101 McCulloh St.

19 MAY 29 1943 Huntingtown Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/43 19 8 PM A M

21. I certify that death occurred at the date above stated; that I attended deceased from 5/10/43 to 5/27/43, and that I last saw [illegible] alive on 5/27/43.

Immediate cause of death Coronary thrombosis

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Cecil Sloan M. D.

Address 927 Mosher Date 5/28/43

VS 184

84782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 04782
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Lauretta Hess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 25 1900

8. AGE: Years	Months	Days	If less than one day
42	7	1	hr. min.

9. Birthplace Saint Mary Co. Maryland.
(Town, county, state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Hess
13. Birthplace Saint Mary Co Md.

MOTHER
14. Maiden Name Clarida Morsell
15. Birthplace Saint Mary Co Md.

16 (a) Informant Emma Bell Lee
(b) Address 1332 Fremont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-28-43 (month) (day) (year)
(c) Cemetery or crematory Saint Peter Cemetery
Location Beltsville, Maryland.

18 (a) Funeral director Archibald G. Gudelsky
(b) Address 2101 Mc Culloh St.

19 MAY 29 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943. at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943. to May 26 1943. and that I last saw h[illegible] alive on May 26 1943

Immediate cause of death Cardio-Respiratory failure

Due to (a)

Due to Cardiac Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Englis M. D.
Address Mercy Hospital Date signed 5/26/43

VS 150

04783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution: Lydenhams Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 94
(If no street address, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Irving Foster Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ~~ years

7. Birth date of deceased (mo., day, yr.) May 23 1942

8. AGE: Years	Months	Days	If less than one day
1	-	5	hr. min.

9. Birthplace Baldo, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Clarence Irving Foster
13. Birthplace Virginia

MOTHER
14. Maiden Name Esther Gay Miss
15. Birthplace Virginia

16 (a) Informant mother
(b) Address Ferndale, Md.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 27 1943 (month) (day) (year)
(c) Cemetery Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook Jno
(b) Address 1217 St Paul St

19 (a) MAY 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1943, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1943, to 5/28 1943, and that I last saw him alive on 5/28 1943.

Immediate cause of death	Duration
Pertussis & Pneumonia	2 wks.
Due to 2a Convulsions	1 day
& Hypopyrexia	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe
Address Lydenhams Hosp. Date signed M. 5 D. 28 1943

VS 3

Correct age at especially important. Physician: please write the causes of death clearly and legibly.

04784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G 04784 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts.
(c) Hospital or institution:
St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 N. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Kenny

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-9483

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Catherine Kenny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9th 1581

8. AGE: Years	Months	Days	If less than one day
61	8	19	hr. min.

9. Birthplace Phila Pa
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Dundalk Country Club

FATHER
12. Name Michael Kenny
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Daley
15. Birthplace Ireland

16 (a) Informant Mrs Catherine Kenny
(b) Address 1504 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) MAY 29 1943 (Date rec'd by registrar) (b) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to May 28 1943 and that I last saw him alive on May 28 1943.

Immediate cause of death Carcinoma of Prostate — Duration

Due to

Due to

Other Conditions Chronic Nephritis Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Lynch M. D.
Address St Joseph Hosp Date signed 5/31/43

VS 8

G 04785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

820

G 04785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4611 Frankford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4611 Frankford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Kahler

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura A. Christ Kahler (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd 1887

8. AGE: Years	Months	Days	If less than one day
56	1	25	hr. min.

9. Birthplace Balto City Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Md Dry Dock

FATHER
12. Name Joseph Kahler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Weinbach
15. Birthplace

16 (a) Informant Mrs. Robt. Kahler
(b) Address 4611 Frankford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto City Md.

18 (a) Funeral director Hasselbach Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Date received by Registrar) MAY 29 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1943, at 4:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 28 1943 and that I last saw h[illegible] alive on May 28 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr.
Due to Arteriosclerosis	3
Due to General Arthritis	2
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Leonard Hasselbach
Address 7401 Belair Rd Date signed 5-29-43

G 04786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04786 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6821 Everald Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura M. Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert T. Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10th 1900

8. AGE: Years	Months	Days	If less than one day
43	3	17	hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Richard H. Burchall
13. Birthplace Howard Co. Maryland

MOTHER
14. Maiden Name Annie M. Lisbon
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Robert T. Schmidt
(b) Address 6821 Everald Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Sasscer Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 6.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1943 to May 27 1943, and that I last saw h[illegible] alive on May 27 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to Hypertensive C.V Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fueting M. D.
Address St. Joseph's Hosp. Date signed 5-29-43

VS 8

G 04787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 04787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 W. Saratoga
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Johnston Edeler

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	216 - 01 - 7101

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Estella Edeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1880

8. AGE: Years	Months	Days	If less than one day
62 ~~yrs~~	10	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Tailoring Business

FATHER
12. Name -- Henry Edeler
13. Birthplace -- Germany

MOTHER
14. Maiden Name -- Emma Berngen
15. Birthplace -- Balto., Md

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (b) Date thereof 5/31/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Registrar Huntington Williams
MAY 29

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943, to May 27 1943, and that I last saw h[illegible] alive on May 27 1943.

Immediate cause of death Circulatory Collapse — Duration: 6 hours
Due to Heart Failure — Duration: 15 Months
Due to Chronic Myocarditis — Duration:
Other Conditions Coronary. — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Matthew M Cf M. D.
Address Bon Secours Hospital Date signed May 29 1943

G 04788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 BG 04788

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3815 Wilkens Ave (Hospital or Institution) 25 (Ward) 1
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Margaret Rotalle Krampe
(a) Residence: No. 3815 Wilkens Ave (Usual place of abode) Ward.
(If non-resident give city or town and State)

If U. S. Veteran specify WAR

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Krampe
6. DATE OF BIRTH (month, day, year): Aug 28, 1876
7. AGE: Years 66; Months 8; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 3 mo 1943
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Balto, Md
13. NAME (FATHER): Charles L. Vogelman
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.
15. MAIDEN NAME (MOTHER): Annie T. Kogan
16. BIRTHPLACE (city or town) (State or country): Balto., Md.
17. INFORMANT: Mrs. Doris K. Dennis, daughter
(Address): 3815 Wilkens Ave.
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place: Loudon Park Cem. Date: 5/31/43. 19
19. UNDERTAKER: Wm. J. TICKNER & SONS
(Address)
20. FILED: Hunter for Williams, M.D. Registrar.

V0 8

MAY 29 1943

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1943

I HEREBY CERTIFY, That I attended deceased from March 8, 1943 to May 27, 1943
I last saw her alive on May 25, 1943 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Feb '43
Starvation	3-21-43
Other contributory causes of importance: Generalized abdominal metastases	

Was an operation performed? No. Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical. Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Earl Pass M. D.
(Address) 4001 Wilkens Ave

94789

G 04789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern + Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N. Mount St. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

3 (a) FULL NAME Baby Girl Dennis

3 (b) If veteran, name war _____

3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) _____

8. AGE: Years	Months	Days	If less than one day
		1	_____ hr. _____ min.

9. Birthplace Balt. Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business _____

FATHER
12. Name William Buckner
13. Birthplace _____

MOTHER
14. Maiden Name Julia Dennis
15. Birthplace _____

16 (a) Informant _____
(b) Address _____

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (month) (day) (year)
(c) Cemetery or crematory _____
Location JOHN HOPKINS MEDICAL SCHOOL MAY 29 1943

18 (a) Funeral director Commissioner of Health
(b) Address _____

19 MAY 29 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1943 to May 19, 1943, and that I last saw h.e.r. alive on May 19 1943.

Immediate cause of death _____ Duration

Prematurity — 1 day.

Due to _____

Due to Premature Labor of the Mother

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Wm. Earl Hosley M. D.
Address University Hosp. Date signed 5-27-43

VS 2

0134

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

04790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1610

G 04790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital 22-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Montgomery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Thomas
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	infant

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—		hr. 55 min.

9. Birthplace University Hosp Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harold Williams
13. Birthplace ?

MOTHER
14. Maiden Name Mamie Murry Thomas
15. Birthplace Eastern Shore (?) Md

16 (a) Informant Mamie Thomas
(b) Address 513 Montgomery St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL MAY 29 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 MAY 29 1943 Huntington Williams, M.D.
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1943, at 1st A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 19 41, to May 22 19 43, and that I last saw h alive on May 22 19 43.

Immediate cause of death Asphyxia — Duration Hr.
Due to Atelectasis — Hr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address Attending Physician Date signed 5/24/43

VS 3

F 0133

G 04791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 04791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bellona & Belvedere Aves.
(c) Hospital or institution:
Edgewood Sanitarium 12-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HATTIE (L.) FINK.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1882.

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Retired Saleslady

11. Industry or business

FATHER
12. Name Herman Lowenstein,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rachel Goldsmith,
15. Birthplace Germany.

16 (a) Informant Sondheim Records,
(b) Address 1902 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Burial Committee Levy
(b) Address 1902 Eutaw Place Baltimore, Md.

19 MAY 29 1943 (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943, to May 27 1943 and that I last saw h[illegible] alive on May 22-43

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions Carcinoma of Breast

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Walter A Anderson M. D.

Address 300 Shannon Drive Date signed 5/27/43

VS 3

G 04792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/0

G 04792 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 Baumont ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Baumont ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph P. Stafford

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Mary J. Stafford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 - 1879

8. AGE: Years	Months	Days	If less than one day
64	3	0	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Police Balto City
11. Industry or business

FATHER
12. Name James Stafford
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Nolan
15. Birthplace Ireland

16 (a) Informant Mrs Frances Rach Daughter
(b) Address 823 Baumont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Chas W. Coyle & Son
(b) Address 924 E. Lanvale St.

19 (a) MAY 29 1943 (Date filed by Registrar) Huntington Williams, M.D. (b) Address 2878 Hartford Ave Date signed 5/29/43

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to May 26 1943, and that I last saw h[illegible] alive on May 25 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to Arterio Sclerosis	4 mos
Hypertension	4 yrs
Due to Chronic Nephritis	4 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. P. Stafford M. D.

VS 250

G 04793 Freshline G 04793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 Wilcox St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Wilcox St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew H. Freshline

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Agnes B Freshline nee Sweeman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 25, 1857
8. AGE: Years 85 | Months 11 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Retired
11. Industry or business General Laboring

FATHER
12. Name Andrew Freshline
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Long
15. Birthplace Germany

16 (a) Informant Mrs. Agnes B Freshline
(b) Address 1102 Wilcox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director George W. Carter Son
(b) Address 2240 Eager St.

19 (a) (Date rec'd by registrar) MAY 29 1943 (b) Huntingtown, Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th, 1943, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1943, to May 27 1943, and that I last saw h. alive on May 27 1943

Immediate cause of death: Acute Cardiac Failure — Duration
Due to: Acute Pulmonary Edema
Due to: Acute Bronchial Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hornstein M.D.
Address 733 Aisquith St. Date signed 5/29/43

VS 3

G 04794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04794 Registered No. 46 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Strathmore Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Strathmore Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Widerman

3 (b) If veteran, name war: World
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-1884

8. AGE: Years 59 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Mfg agent
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca E Hershfield
15. Birthplace Md

16 (a) Informant Elizabeth C Widerman
(b) Address 2814 Strathmore Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto Md

18 (a) Funeral director Leonard J Muth
(b) Address 5305 Harford Rd

19 MAY 29 1943 Registrar's number (b) Hunter for Williams, M.D. Registrar

VS 146

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to May 26 1943 and that I last saw Deceased alive on May 26 1943.

Immediate cause of death: Carcinoma of stomach — Duration: several years.
Due to: Exhaustion
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 1-25-43
Major findings of operation: Carcinoma
of autopsy: None done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert A. Blake M. D.
Address 20 Medical and Dental Date signed

04795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04795
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 N. Streeper St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Streeper St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Hohman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Peter C. Hohman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11 1866

8. AGE: Years	Months	Days	If less than one day
76	10	16 15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Kent
13. Birthplace Germany
14. Maiden Name
15. Birthplace

16 (a) Informant Peter C. Hohman
(b) Address 109 N. Streeper
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave
18 (a) Funeral director John J. Miller
(b) Address 2 S 2N Jefferson St
19 (a) MAY 29 1943 (Date rec'd by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1943, at 11/P. M 07

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1942 to May 26, 1943, and that I last saw her alive on May 26, 1943

Immediate cause of death	Duration
Congestive Heart Failure	1 day
Due to Arteriosclerosis	Unknown
Chronic Myocarditis	Unknown
Due to Chronic Nephritis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Philip W. Artigiani M. D.
Address 2942 E. Fayette St. Date signed 5/28/43

VS 3

G 04796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) ~~City~~ or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Glenda Lee Elza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 7, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	21	hr. min.

9. Birthplace Dale, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Raymond Elza
13. Birthplace Wymer, W. Va.

MOTHER 14. Maiden Name Minnie Lambert
15. Birthplace Wymer, W. Va.

16 (a) Informant Raymond Elza
(b) Address 1510 Eutaw Pl.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 29/43 (month) (day) (year)
(c) Cemetery or crematory Zinglen Cemetery
Location Wymer W. Va.

18 (a) Funeral director Sol Lerner Bros
(b) Address 1124-26 W Lexington

19 (a) (Date rec'd by registrar) (b) Huntington W. Va. (Registrar)
MAY 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 5:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry,~~ find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Meningococcus septicemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 29 1943.

G 04797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04797

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Dublin
(If outside city or town limits, write RURAL and give town)
(d) Street No. Street, Maryland - R.F.D.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred L James

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1914

8. AGE: Years	Months	Days	If less than one day
28	11	20	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Wm T. James
13. Birthplace Texas

MOTHER
14. Maiden Name Beverly Lee
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof June 1, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Darlington Cem
Location Harford Co. Md.

18 (a) Funeral director H. D. Bailey
(b) Address Darlington Md.
(c) Harlington Williams Md
(Date rec'd by registrar) (Signature)

MAY 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 8 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1943, to May 29 1943, and that I last saw h in alive on May 29 1943.

Immediate cause of death Tick Bite Fever — Duration 18 days

Due to:

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Hospital Date signed 5/29/43

VS 280

Md G 04798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04798

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2610 Jefferson
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Jefferson St
(Rural route or descriptive location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James John Svaseh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1937

8. AGE: Years	Months	Days	If less than one day
5	9	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation School boy
11. Industry or business St. Wenceslaus

FATHER
12. Name James Svaseh
13. Birthplace Czechoslavakia

MOTHER
14. Maiden Name Zemra
15. Birthplace Czechoslavakia

16 (a) Informant Parents
(b) Address 2610 Jefferson St

17 (a) Burial (b) Date thereof 5/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery,
Location Horner's Lane & Phila Rd.,

18 (a) Funeral director Charles F. Schwaneck.
(b) Address 2200 West Madison Street

MAY 31 1943

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 2:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Meningococcus meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed May 29 1943

VS 151

G 04799 ✓ G 04799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere ave + Greenspring ave
(c) Hospital or institution: Levindale Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere + Greenspring ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W.

6 (b) Name of husband or wife Late Wolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75	-	-	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Tom Caplan
(b) Address 3412 Fairview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run Cemt
Location Bowleys Lane

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 W. North ave

19 (a) (Signature of Registrar) (b) Registrar

MAY 30 1943
VS 185 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940 to 5-29 1943, and that I last saw h[illegible] alive on 5-29 1943.

Immediate cause of death Cer. Card. vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levin
Address Levindale Date signed 5/31/43

G 04800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1492

G 04800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument E ✱
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 N. Athelton ✱ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Rose Levin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. F 76198

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ellis Levin

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 26. | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Hyman Sheyman

13. Birthplace Poland

MOTHER 14. Maiden Name Fannie Wolf

15. Birthplace Poland

16 (a) Informant Husband

(b) Address

17. Burial (Burial, cremation, or removal) (b) Date thereof 5-30-43 (month) (day) (year)

(c) Cemetery or crematory Walkers Circle

Location Mt. Carmel

18 (a) Funeral director Jacob Levy Inc

(b) Address 1439 E. Balto St

19 (a) MAY 30 1943 (registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 28 1943 and that I last saw her alive on May 25 1943.

Immediate cause of death Peripheral circulatory collapse

Due to Paralytic ileus (intestinal obstruction)

Due to Caesarean section

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-26-43

Major findings of operation: Caesarean section

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. R. Schwartz M. D.

Address Sinai Hosp. Date signed 5-28-43

G 04801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04801

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1512 Eutaw Pl

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 51

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1512 Eutaw Pl

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country No

3 (a) FULL NAME Anna Siegel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife May Siegel

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name Alexander Regentoff

13. Birthplace Russia

MOTHER

14. Maiden Name Sarah

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 Burial (b) Date thereof 5-30-43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Negin Corp

Location Rosedale

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (Date rec'd by registrar) 6-01-1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to May 29 1943

and that I last saw her alive on May 29 1943

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Louis T. Levy

Address 1844 W. Mt. Royal Ave Date signed 6/2/43 M.D.

VS 3

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04802 MJ-81000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 04802 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1942 Eastern Ave.
(c) Hospital or institution: [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N. Payson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris Rusinov

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith Rusinov 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861 ?

8. AGE: Years	Months	Days	If less than one day hr.	min.
82 ?	?	?		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name ?
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant [illegible] City Hospitals
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Donnel Pk

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) MAY 29 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29 1943, at 6 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1943, to 5-29 1943, and that I last saw h[illegible] alive on 5-29 1943.

Immediate cause of death Arteriosclerosis
C.V.D. - Gibbillation

Due to Benign prostatic hypertrophy
- Cystitis

Due to

Other Conditions Arteriosclerosis
Gen. debility Senility
(Include pregnancy within 3 months of death)

Duration: 43 days

Date of operation 4-16-43

Major findings of operation: Fibro-adenoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-14-43 at M
(c) Where did injury occur? 2018 N. Payson Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In Home Caretaker (Specify type of place) while at work? no
(e) Means of injury slipped and fell downstairs

23. Signature Harry Hood M. D.
Address [illegible] Date signed 5-29-43
For Wright M. Kelly
Howard J. Haskins, M.D.

G 04803 ✓ G 04803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 W Hughes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. yrs., mos., or days
(e) Length of stay in Baltimore yrs. mos., or days 20 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W Hughes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Henry Williams ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophie

6 (c) If wife, give age years

7. Birth date of deceased mo., day, yr. Sept 15, 1888

8. AGE: Years 55 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace B-W-I
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Joseph Hill

(b) Address 112 W Hughes St

17 (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Ct
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) Date received by registrar MAY 20 1943 (b) Signature of registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1943, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-1943, to 5-20-1943, and that I last saw h[illegible] alive on 5-19-1943.

Immediate cause of death: Pneumonia (Bronchial)

Duration:

Due to

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James C. Carper M. D.

Address 1016 S. Sharp St Date signed 5-21-43

G 04804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

G 04804
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY WOODS DODSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 1886

8. AGE: Years 57 | Months | Days | If less than one day: hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation Rooming Housekeeper

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Joseph Wyatt
(b) Address 1809 W. Baltimore st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-43 (month) (day) (year)
(c) Cemetery or crematory Edmondson
Location Baltimore Md

18 (a) Funeral director Jos. A. Farley
(b) Address Fulton & Fayette

19 (a) MAY 30 1943 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 11 a. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of head of pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
as Medical Examiner.
Date signed 5-28-43

VS 151

G 04805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04805

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2119 Calvertwood Ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2119 Calvertwood Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Henry J Calvert

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1868

8. AGE: Years 63 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business Contractor

FATHER 12. Name Frederick Calvert

13. Birthplace Md

MOTHER 14. Maiden Name Clara Hossel

15. Birthplace Md

16 (a) Informant Mrs Henry J Calvert

(b) Address 2119 Calvertwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-43 (Month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director George E Gardner

(b) Address Fulton & Fayette Sts

19 (a) (Date received by Registrar) MAY 30 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 6.15 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1943 to May 28 1943 and that I last saw h[im] alive on May 28 1943.

Immediate cause of death Cardiac Decompensation

Duration May 26 1943

Due to

Due to

Other Conditions Chronic Myocarditis

a Number 7 years

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Morris B Green M.D. M. D.

Address 3009 Eastern Ave Date signed 5/30/43

Baltimore Maryland

G 04806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04806 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Frankford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Frankford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva M Schneider

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ William F
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1884

8. AGE: Years	Months	Days	If less than one day
59	-	10	hr. 1 min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Catterson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Md

16 (a) Informant William F. Schneider
(b) Address 3507 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Leonard J Krug
(b) Address 3501 Harford Rd

19 (a) (Date received by registrar) Huntingtown Williams MD

MAY 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 6.30 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 14 1943 to May 28 1943, and that I last saw him alive on May 28 1943.

Immediate cause of death Coronary Thrombosis — Duration ?
Due to Endocarditis — ?
Due to Diabetes Mellitus — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward Rumford M. D.
Address 3507 Baltimore Ave Date signed 5-31-43

D. 04807 ✓ 93D H. 04807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Fremont Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mabel Roth

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles N.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-1880

8. AGE: Years	Months	Days	If less than one day
63	1	29	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James T. Merriken
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Lee
15. Birthplace Md

16 (a) Informant Charles N. Roth
(b) Address 5711 Fremont
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location
18 (a) Funeral director Leonard F. Ruppert
(b) Address 6305 Maryland Rd.
19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 2 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1943, to May 29 1943, and that I last saw her alive on May 29 1943.

Immediate cause of death Hypertension
Cardio-Vascular Disease
Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions Mild diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Roderick Shipley M. D.
Address University Hospital Date signed May 30 1943

G 04807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04807 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Paul Cook

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Quinn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1564

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Wm. Wiedefeld
(b) Address 711 Cathedral St.

MAY 30 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 7 p m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1- 1943. to May 28 1943. and that I last saw him alive on May 27- 1943.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M D
Address 1631 E North Ave Date signed May 28-43 M. D.

G 04806 ✓ G 04807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Calvert St
(b) Street address ~~601 E. Biddle St~~
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard J. Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Kenealy
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct 9 1889

8. AGE: Years	Months	Days	If less than one day
53	7	18	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Social Security

FATHER
12. Name James Dempsey
13. Birthplace Md

MOTHER
14. Maiden Name Eliz. Dempsey
15. Birthplace Md Surry

16 (a) Informant Mrs Bessie Dempsey
(b) Address 601 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Bela Weisfeld
(b) Address 914 Eutaw

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MAY 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 42 to May 19 43 and that I last saw him alive on 5/20 1943.

Immediate cause of death Acute Coronary Occlusion

Due to Angina Pectoris

Due to

Other Conditions Diabetes - Rectal abscess.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kamme Jr.
Address 5901 York Rd. Date signed 5/28/43

G 04810 BALTIMORE CITY HEALTH DEPARTMENT G 04810

CERTIFICATE OF DEATH 49a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltr. (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Jaworski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis Jaworski
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1892

8. AGE: Years	Months	Days	If less than one day
50	8	15	hr. min.

9. Birthplace Baltr. Md. (town, county, and state)
10. Usual Occupation Char Woman
11. Industry or business

FATHER
12. Name John Bauernschub
13. Birthplace Baltr. Md.

MOTHER
14. Maiden Name Mary Kalb
15. Birthplace Baltr. Md.

16 (a) Informant Catherine Jowand
(b) Address 422 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director John J. Miller
(b) Address 2334 Jefferson St.

MAY 30 1943 (Date rec'd by registrar) (b) Washington Wilkinson M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1943. at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1939. to 5/27 1943 and that I last saw h[illegible] alive on 5-26 1943.

Immediate cause of death: Carcinoma of ovaries and Peritonitis — Duration: 5yrs ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1939.
Major findings of operation: Inoperable Carcinoma of ovaries
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert E. Sikorski M.D.
Address 2939 Dr. Elwood Date signed 5-29-43

G 04814 — MJ-81240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 04814 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County 6
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3674 Ash Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Quint McDaniel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth McDaniel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	4	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name James McDaniels
13. Birthplace Virginia

MOTHER
14. Maiden Name Louisa Dobson
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/43 (Month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
18 (a) Funeral director Chenoweth & Sonovan
(b) Address 3615-17 Chestnut Ave

MAY 30 1943 (Date received by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1943 at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1943 to 5-28 1943, and that I last saw h~~e~~ alive on 5-28 1943.

Immediate cause of death	Duration
Cerebral thrombosis	Long with
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rolston M. D.
Address Balto. City Hosp Date signed 5-29-43 5-29-43

G 04812 HEALTH DEPARTMENT—CITY OF BALTIMORE 04812

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 the St Paul St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Virginia Byrd.

If U. S. Veteran specify WAR

(a) Residence: No. Pocomoke City Md St. Ward.

Worcester Co., Md (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

8a. If married, widowed or divorced HUSBAND of (or) WIFE of Coleman E. Byrd.

6. DATE OF BIRTH (month, day, year) Nov 2 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) Nov 1942

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Cedarbrook, Accomack Co. Virginia

FATHER

13. NAME Albert J. Gillespie

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Kate Dix

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Columne E Byrd. (Address) Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Cemetery Date June 1 1943

Funeral Home Margaret H. Watson

19. UNDERTAKER (Address) Pocomoke City Md

MAY 30 1943 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1943

22. I HEREBY CERTIFY, That I attended deceased from March 23 1943 to May 29 1943

I last saw her alive on May 29 1943 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of Breast (Carcinomatosis)	June 1942
Other contributory causes of importance: Intestinal Obstruction	Last 24 hrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — & Roy Hartman

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harvey H Beal M. D.

(Address) St Paul & 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

V8 3

G 04813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04813

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1906 E Lanvale St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1906 E. Lanvale St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ada Marie Dodd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1894

8. AGE: Years	Months	Days	If less than one day
48	5	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER

12. Name George E Dodd

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Elizabeth Schold

15. Birthplace Baltimore, Md.

16 (a) Informant Elizabeth Dodd

(b) Address 1906 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Cem.

Location Rural

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004-8 Orleans St.

MAY 30 1943 (c) Registrar's signature Huntington Williams, Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to May 29 1943, and that I last saw h[illegible] alive on May 27 1943

Immediate cause of death: Cerebral Hemorrhage

Duration: 4 Mos.

Due to:

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. J. Valentine M.D.

Address 1320 Bolton St. Date signed May 30 43

G 04812 — BALTIMORE CITY HEALTH DEPARTMENT — G 04812 Registered No. 1362

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3212 Abell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) - - -
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County - - - - - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Abell Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Mary Hammond McDonald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Mortimer J. McDonald
6 (c) If alive, give age - - - years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	12	-- hr. -- min.

9. Birthplace: Baltimore County, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: - - - -

FATHER
12. Name: Charles J. Hammond
13. Birthplace: Baltimore County, Md

MOTHER
14. Maiden Name: Catherine Hardy
15. Birthplace: Howard County, Md.

16 (a) Informant: Miss M. Louise McDonald
(b) Address: 3212 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: H. W. Mears and Son
(b) Address: 805 N. Calvert Street

19 (a) MAY 30 1943 (b) Registrar: Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1943 at 3:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18, 1939 to 5-29-1943 and that I last saw her alive on 5-26-1943.

Immediate cause of death: Apoplexy — Duration 5 Days
Due to: Arteriosclerosis — Duration Unknown
Due to:
Other Conditions: Pulmonary Tuberculosis — Duration Unknown
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Jno. B. Egbert, M.D.
Address: 780 r Harford Rd. Date signed: 5-29-43

G 04815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1213a

G 04815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmwood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK E. McLAUGHLIN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	male	white	widower

6 (b) Name of husband or wife Florence L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1868

8. AGE: Years	Months	Days	If less than one day
75	1	11	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation retired salesman
11. Industry or business

FATHER
12. Name Abner McLaughlin
13. Birthplace Pa.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Charles C. Davis
(b) Address 206 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 30 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH May 28, 1943 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18th. 1943. to May 26th. 1943. and that I last saw h im alive on May 26th. 1943.

Immediate cause of death	Duration
Uremia	2 days
Due to Chronic Nephritis	2 yrs.
Due to ———	
Other Conditions Arteriosclerosis	unknown
Hemiplegia	5 mos.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Isa Williams M.D.
Address 401 E. 25th. St. Date signed 5/29/43.

VS 189

G 04816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 04816 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 375 Evesham Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 375 Evesham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RENA ARLINGTON DOWLING

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213 - 03 - 657[illegible]

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/1/1888

8. AGE: Years 54 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Sophia Tucker

FATHER
12. Name Thomas J. Dowling
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine C. Simonson
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Wallace A. Thomas, sister
(b) Address 3811 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 30 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to May 28 1943, and that I last saw her alive on May 26 1943.

Immediate cause of death: Carcinoma of Colon — Duration 18 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1942

Major findings of operation: Carcinoma of Colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Galbert M. D.
Address 6210 Yorkford Date signed May 31 43

G 04817 G 04817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 1310 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully covered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook & Catons Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Charing Cross Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. Holtz

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-6784

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 3-2-02

8. AGE: Years 41 | Months 7 | Days 26 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Reed
13. Birthplace Pa.

MOTHER
14. Maiden Name Sallie Gillan
15. Birthplace Pa.

16 (a) Informant William H. Holtz
(b) Address 702 Charing Cross Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave
(c) Huntington Williams

MAY 30 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943 at 12:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1943 to May 28 1943, and that I last saw her alive on May 27 1943.

Immediate cause of death: Hypertensive C-V-D — Duration 5 yrs.
Due to: Chronic nephritis — Duration 7 yrs
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: Chr. Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 5/28/43

VS 160

G 04818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04818 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Wash Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Wash Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth McQuillan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Date of birth of deceased (mo., day, yr.) June 30, 74

8. AGE: Years 69 Months 10 Days 29 If less than one day hr. 1873 min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Seike
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Estelle Walters
(b) Address 2216 Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-43 (month) (day) (year)
(c) Cemetery or crematory Loudon R.R.
Location Frederick Rd

18 (a) Funeral director Edward Foulson
(Address) 3459 Frankford Ave
(Date rec'd by registrar) MAY 30 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to May 29 1943, and that I last saw h[illegible] alive on May 28 1943.

Immediate cause of death: Valvular Heart Disease — Duration 1 mo

Due to: Chronic Nephritis — Duration 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R O Glauer
Address 2708 Hollins Ferry Rd Date signed 6/2/43

VS 150

G 04819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 04819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Annapolis Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DEEMS, George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1887

8. AGE: Years	Months	Days	If less than one day
56	2	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Deems
13. Birthplace Md

MOTHER
14. Maiden Name Laura A Frey
15. Birthplace Md

16 (a) Informant Mrs Smith
(b) Address 2373 Walbrook Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Edward Fowler
(b) 4 Huntington Ave, Balto. MD

MAY 30 1943 (Date rec'd by registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943, to May 28 1943, and that I last saw him alive on May 27 1943.

	Duration
Immediate cause of death: Perforation, gastric ulcer	3 days
Due to: Gastric ulcer	3 years
Due to:	
Other Conditions: Bilateral active pulmonary tuberculosis	1 year

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irwin H. Kaiser
Address Sinai Hospital Date signed 5/28

Original G 04820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04820
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2228 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank A. Breeden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Mary A. Breeden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1860

8. AGE: Years	Months	Days	If less than one day
83	2	10	hr. min.

9. Birthplace Calvert Co.
(Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Calvert Co., Md.

FATHER
12. Name ?
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name ?
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. Cora L. Funk
(b) Address 3001 Brantley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto

18 (a) Funeral director A. Poquard & Sons
(b) Address 1410 N. Charles St.

Filed by registrar Hunting for Williams M.R.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 10 20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to arteriosclerosis generalized

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 29 1943

G 04821

G 04821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days.
(e) Length of stay in Baltimore (yrs., mos., or days) 2days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel.
(c) City or town N. Linthicum. (If outside city or town limits, write RURAL and give town)
(d) Street No. 78 Old Annapolis Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Nichols.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-27-43.

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Dover, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Howard Nichols.
13. Birthplace Binklem, Maryland.

MOTHER
14. Maiden Name Kathleen Angela Sullivan.
15. Birthplace Elkridge, Maryland.

16 (a) Informant Kathleen Angela Sullivan.
(b) Address 78 Old Annapolis Rd. N. Linthicum Md.

17 (a) Burial, cremation, or removal (b) Date (month) (day) (year) 5-31-43
(c) Cemetery or crematory St Peters
Location Brent Md.

18 (a) Funeral director Langley & Farley
(b) Address Fuller & Hayward

MAY 30 1943
(Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29-43. 19 9:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/43 19 to 5/29 1943 and that I last saw him alive on 5/29 19 43

Immediate cause of death	Duration
Intra Cranial Hemorrhage	2 days
Due to Cephalo-pelvic disproportion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
Date of autopsy Intra Cranial Hemorrhage

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Rogers M.D.
Address Date signed 5/29/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 830

G 04822
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. Carlton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Carlton St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgeanna Hall.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem'l | 5. Color or race Col'd. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 78 Months | Days | If less than one day hr. min.

9. Birthplace St Mary Co. Md
(Town, county and state)

10. Usual Occupation Domestic.

11. Industry or business

MOTHER
12. Name (Maiden) Unknown
13. Birthplace St Mary Co Md

FATHER
14. Name Unknown
15. Birthplace St Mary Co Md

16 (a) Informant Mary E. Hall
(b) Address 219 N Carlton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Huntington Williams M.D.
(Signature of registrar)

MAY 30 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1943 to May 25 1943
and that I last saw him alive on May 23 1943

Immediate cause of death — Duration
Cerebral Hemorrhage — 7 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Linck M. D.
Address North Point Division Date signed May 26

G 04823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 W. Lombard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 W. Lombard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace M. Portera

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joseph Portera

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) August 23, 1889

8. AGE: Years 53 | Months 9 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Housewokk

11. Industry or business at home

FATHER
12. Name Joseph Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Gloriosa
15. Birthplace Italy

16 (a) Informant Mr Joseph Portera
(b) Address # 1129 W. Lombard Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director John J. Cowan and Son
(b) Address 901 Hollins St.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

MAY 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1942 to 5/28 1943 and that I last saw her alive on 5/28 1943

Immediate cause of death: Circulatory Collapse — Duration: 15 Min

Due to: Bovine heart / Endocarditis — Duration: 15 Min

Due to: — Duration:

Other Conditions: General Anasarca — Duration: 15 Min

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas P. Glynn M.D.

Address 3316 Eastern Ave Date signed 5/29/43

Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully specified. The correct age is especially important. WRITE PLAINLY, WITH UNFADING INK.

G 04824 G 04824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

*Registered No. 47C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Morris Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Kiel

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-07-4956

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/1884

8. AGE: Years 59 | Months 3 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name John Kiel
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie E. Kelly
15. Birthplace Maryland

16 (a) Informant Anna C. Kiel wife
(b) Address 104 Morris Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Maryland

18 (a) Funeral director F. P. Keppel & Son
(b) Address 600 Eutaw Place

19 (a) MAY 30 1943 (Registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1943, at 7:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15-1943 to 5-29-1943, and that I last saw h[illegible] alive on 5-15-1943.

Immediate cause of death: Bronchogenic Carcinoma — Duration 6 mos.
Due to
Due to
Other Conditions Cachexia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Lane
Address Mercy Hospital Date signed 5-30-43

4825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G 04825

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Eresham Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Eresham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Teale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife late Lizzetta L. nee Brueckl. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	16	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Retired 5 yrs.

11. Industry or business

FATHER
12. Name E. Edward Teale
13. Birthplace New York

MOTHER
14. Maiden Name Ophelia Looker
15. Birthplace New York

16 (a) Informant Edward P. Teale
(b) Address 3206 Barton Ave. Richmond Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director Harry H. Witzke
(b) Address 1681 Edmondson Ave

MAY 31 1943
(Date rec'd by registrar)

(Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940, to May 29 1943 and that I last saw him alive on May 29 1943.

Immediate cause of death Double Lobar Pneumonia — Duration 7 days

Due to Myocarditis

Due to Cancer of Pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hart H. Benson M.D.

Address 5111 York Rd Date signed May 31, 1943

VS 150

04826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30

G 04826

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [redacted]

(c) Hospital or institution: Mercy Hosp. 9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1303 Wilson St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Harry Hurtt

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3 1896

8. AGE: Years 56 | Months 7 | Days 26 | If less than one day hr. min. 886

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER 12. Name Joseph Hurtt

13. Birthplace Balto.

MOTHER 14. Maiden Name Unknown

15. Birthplace Maryland

16 (a) Informant Mrs Margaret Hurtt

(b) Address 1751 North Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East End North Ave.

18 (a) Funeral director William Booth Fox

(b) Address 1217 St Paul Street

19 (a) 31 1943 (Date of burial) (b) Huntington Williamsport Md (Registered address)

MAY

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1943 at 3:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5/ 1943 to 5/29 1943. and that I last saw h alive on 5/29 1943

Immediate cause of death: cerebrovascular accident

Due to: hypertension

Due to:

Other Conditions: myocardial strain

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ross C. Brooks M. D.

Address Mercy Hosp Date signed 5/29/43

VS 150

04827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04827 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 471 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 2005 Cedly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Bradley 69712

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2686

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1908

8. AGE: Years	Months	Days	If less than one day
34	8	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation printer
11. Industry or business

FATHER
12. Name Harry Bradley
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Garrett
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAY 31 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 5:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1941, to May 28 1943, and that I last saw him alive on May 28 1943.

Immediate cause of death

Pulmonary tuberculosis — Duration 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P S Harte, M.D.
Address Balto City Hosp Date signed 5/29/43

VS 150

4828

AB-81507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 04828
Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fort Howard Md. 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fort Howard Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Menehan

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Clarence(D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28-1873

8. AGE: Years	Months	Days	If less than one day
69	5	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation D.P.W.
11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Va.

MOTHER
14. Maiden Name Frances Jumper
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation or removal) (b) Date thereof June 2nd 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Extended

18 (a) Funeral director William Cook Inc
(b) Address 1317 St. Paul St.

19 MAY 31 1943 (b) Huntington Williams, M.D. Registrar
(Must not be filled in by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1943, at 4:39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1943 to 5-30 1943, and that I last saw her alive on 5-30 1943.

Immediate cause of death Coronary thrombosis — Duration 12 hrs.
Due to Diabetes mellitus
Due to
Other Conditions Diabetic gangrene of left
(Include pregnancy within 3 months of death)
Date of operation 5-25-43
Major findings of operation: Amputation gangrenous done at.
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Horn M. D.
Address Balto City Hosp Date signed 5-30-43

04829
T.H

BALTIMORE CITY HEALTH DEPARTMENT

81381 CERTIFICATE OF DEATH

186a Registered No. G 04829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2043 E. Hoffman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anna Lewis

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Lewis

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 14, 1860

8. AGE: Years 83 | Months 2 | Days 13 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Brauthum
13. Birthplace Germany

MOTHER
14. Maiden Name Susie Wonderlick
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore, Maryland

18 (a) Funeral director H. Sander & Sons
(b) North Ave. & Broadway

MAY 31 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1943 to 5-27 1943. and that I last saw her alive on 5-27 1943

Immediate cause of death Uremia — Duration

Due to Intussusception R. D.

Due to

Other Conditions Left intertrochanteric fracture

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence May 8 1943 at M
(c) Where did injury occur? Hoyle E. Hoffman (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury slipped and fell on floor

23. Signature Howard Hoffman M. D.
Date signed 5-28-43

Howard J. Hoffman, M.D.

VS 150

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 04830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04830
Registered No.

46E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5506 Race Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Myers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	married

6 (b) Name of husband or wife Alexander Myers
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Daniel Holland
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Fuller
15. Birthplace Md.

16 (a) Informant Alexander Myers
(b) Address 5506 Race Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Elkridge, Md
18 (a) Funeral director James A Stayo
(b) Address 1142 Wolfe St

MAY 31 1943 (b) Huntington Indiana Reg

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1943, at 9.25 p. M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1943, to 5/29 1943 and that I last saw her alive on 5/29 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Intestinal obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: CA of sigmoid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Henry A Briele M. D.
Address Union Hospt. Date signed 6-30-43

BRIELE

G 04831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 04831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 S. Highland Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Scales

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1930

8. AGE: Years	Months	Days	If less than one day
13	3		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Leo
13. Birthplace Balto.

MOTHER
14. Maiden Name Adele Fiedler
15. Birthplace Balto. Md.

16 (a) Informant Adele Fiedler Scales
(b) Address 1011 S. Highland ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Odonnell St. Blvd.
18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave
19 MAY 31 1943 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 3 45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy/Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Crushed chest

compound comminuted fractures of both lower legs.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 28 1943 3 05 P.M.
(b) Where did injury occur? Clinton & Hudson Sts
(c) Did injury occur at home, on farm, industrial place, in public place) street While at work? No
(d) Means of injury Collision of Two trucks

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed May 29 1943

VS 151

G 04832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G 04832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 41 S. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 41 S. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry S. Woods

3 (b) If veteran, name war: World War # I

3 (c) Social Security Account No. 218-05-3264

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife: Emma B. Moon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1897

8. AGE: Years	Months	Days	If less than one day
45	6	27	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Ship Yard worker
11. Industry or business

FATHER
12. Name John Woods
13. Birthplace Md.

MOTHER
14. Maiden Name Lulu Rodgers
15. Birthplace Md.

16 (a) Informant Family
(b) Address 41 S. Hamburg St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat.
Location Frederick Ave.

18 (a) Funeral director Jas. L. McCauley
(b) Address 130 E. Fort Ave.

19 MAY 31 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943, to May 29 1943 and that I last saw h[illegible] alive on May 29 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Hemiplegia	5 days
Due to - Hypertension Arteriol	1 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Wheeler M.D.
Address 1279 Williams St Date signed 5/31/43

FILLING WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

04833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04833

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Grindall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 52
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Grindall st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa F Forrester

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Sellman
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 24 1886

8. AGE: Years	Months	Days	If less than one day
56	11	4	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Peter Joseph Koss
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Voikel
15. Birthplace Germany

16 (a) Informant Mr Sellman Forrester
(b) Address 408 Grindall st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marech
(b) Address 715 Light St

MAY 31 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 - 1942 to 5-28 1943, and that I last saw him alive on 5-28 1943.

Immediate cause of death: Chronic Myocardial Degeneration
Due to Arteriosclerosis

Duration
14 yr.
24 yr. ?

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Sellman M. D.
Address 707 E. Fortune Date signed 5-28-43

VS 180

04834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

G 04834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK SOLURI

3 (b) If veteran, name war

3 (c) Social Security Account No. 095-16-8704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1907

8. AGE: Years	Months	Days	If less than one day
35	6	29	hr. min.

9. Birthplace Minneville N. Y. (Town, county, and state)
10. Usual Occupation Landscaper
11. Industry or business New England Tree Experts

FATHER
12. Name Joseph Soluri
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Natella
15. Birthplace Italy

16 (a) Informant Fairchild Sons.
(b) Address Jamaica N. Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/43 (month) (day) (year)
(c) Cemetery or crematory New York
Location N. Y.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address 1 Pennsylvania Ave

19 MAY 31 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 1a M

21. I certify that I took charge of the remains described above, held an ____ thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Valvular heart disease, aortic and mitral insufficiency
Due to
Other Conditions NO
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-31-43

VS 181

G 04835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 04835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Caton & Wilkens (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Damian Drake Cannon C.F.X. (Edward Blanford)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1869

8. AGE: Years 73 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Springfield, Kentucky (Town, county, and state)

10. Usual Occupation Xaverian Brother (Teacher)

11. Industry or business St. Mary's Industrial School

FATHER
12. Name Thomas Blanford
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Blanford
15. Birthplace Unknown

16 (a) Informant Rev. Bro. Liguori
(b) Address St. Mary's Industrial School

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/1/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son Inc.
(b) Address 18 W. Lafayette Ave.

19 MAY 31 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 09 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to May 9 1943, and that I last saw him alive on May 28 1943.

Immediate cause of death Intussusception C-V-D — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Clifton Barbour, M.D.
Address St. Agnes Hosp. Date signed 5-9-43

VS 150

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

Registered No. G 04836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Riverside
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Riversidedrive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Francis Rudolph Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-8144

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Delia C Long

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/7/1870

8. AGE: Years 72 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Marine Eng. Engineer

11. Industry or business

FATHER 12. Name Martin B Rudolph

13. Birthplace Balto

MOTHER 14. Maiden Name Eliz Moore

15. Birthplace Baltimore

16 (a) Informant Mr H. F. Rudolph Jr

(b) Address 1422 Riverside

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Papenack Rd

18 (a) Funeral director J. J. Foley Sons

(b) Address 218 Light St.

19 MAY 31 1943 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943, to May 28 1943, and that I last saw h alive on May 28 1943

Immediate cause of death — Coron Pneumonia — Duration 3 days

Due to Influenza — 4 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M.D.

Address 1229 Williams Date signed 5/31/43

G 04837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 04837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: FRANKLIN SQUARE HOSPITAL 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 Boarman Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shane McShane.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie T. McShane
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 13, 1884

8. AGE: Years	Months	Days	If less than one day
59	0	16	hr. min.

9. Birthplace Ireland,
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B.&O. Rail Road office

FATHER
12. Name Thomas McShane,
13. Birthplace Ireland,

MOTHER
14. Maiden Name Mary Shaw,
15. Birthplace Ireland.

16 (a) Informant Mrs. Marie T. McShane.
(b) Address 2524 Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 MAY 31 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to May 29 1943, and that I last saw him alive on May 29 1943.

Immediate cause of death — Duration

Coronary Embolism — 3 days
Due to — Hypertension.
Due to —
Other Conditions Diabetes, Gangrene —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edward J. Nelle M. D.
Address 5276 Park Heights Ave Date signed May 30 '43

VS 8

G 04838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. G 04838

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1470 N. Carey St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1470 N. Carey St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Parthenia Murdock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Mc Clenberg, Virginia

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Pompey Alexander

13. Birthplace Mc Clenberg, Virginia

MOTHER

14. Maiden Name Adalee[illegible]

15. Birthplace Mc Clenberg Va.

16 (a) Informant Parthenia Murdock

(b) Address 1470 North Carey Street

17 (a) Arbutus (b) Date thereof JUNE 1 1943

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Cemetery

Location Baltimore County MD

18 (a) Funeral director Charley H Alexander

(b) Address 1200 Mc Culloh St

19 (a) JUN 1 1943 (b) Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 3 30 A M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute pulmonary edema

Due to Arteriosclerotic cardiovascular-renal disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert H. Graham M.D.

Medical Examiner.

Date signed May 29 1943

VS 151

G 04839 certificates

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 6

G 04839
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 S. Exeter St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Exeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL VALENTI ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1942

8. AGE: Years	Months	Days	If less than one day
	11	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Valenti
13. Birthplace Brooklyn, N. York

MOTHER
14. Maiden Name Santa Pavatore
15. Birthplace Albany New York

16 (a) Informant James Valenti
(b) Address 126 S. Exeter St.

17 (a) burial (b) Date thereof June 1, '43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Doppelson
(b) Address 20 W Baltimore & Appleton Sts.

19 (a) JUN 1 – 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Septicemia, cause undetermined
Due to prostatic hypertrophy
Other Conditions no
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenwerber M.D.
Medical Examiner.
Date signed 5-31-43

VS 181

04840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04840
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 N Belnord Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N Belnora (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Margaret Schmidt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 - 1866

8. AGE: Years	Months	Days	If less than one day
76	11	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John Preisinger
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Knoll
15. Birthplace Germany

16 (a) Informant Mrs Michael J Lash
(b) Address 531 N Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1- (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 205 N Chester

19 JUN 1 - 1943 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to May 28 1943, and that I last saw him alive on May 28 & 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 6 days
Due to: Arteriosclerosis — 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 2530 E. Baltimore St. Date signed 5-29-43

VS 150

FEMALE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

Registered No. G 04841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Fendall Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Garland (Fort Meade Md. P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Annapolis Road & 4th Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Charles K. Fink

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marian G. Fink
Nee Tuyney
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 28, 1875.

8. AGE: Years	Months	Days	If less than one day
68	2	3	hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Gen'l Foreman Retired
11. Industry or business Gas & Electric Co.

FATHER
12. Name George Fink
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Lydis
15. Birthplace Baltimore, Md

16 (a) Informant LeVern A. Fink
(b) Address 2801 Washington Blvd.

17 (a) Burial (b) Date thereof June 4 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel County

18 (a) Funeral director Thomas W. Pangleton
(b) Address Glen Burnie, Md.

19 (a) (Date received) JUN 1 - 1943 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 3 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1943, to 5/31 1943, and that I last saw him alive on 5/31 1943.

Immediate cause of death

Carcinoma of Pancreas
Due to Metastasis to stomach and liver
Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Pancreas & metastases
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John D. Young Jr. M.D.
Address Med. Gen. Dept. Date signed 6/2/43

G 04842-12410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04842 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs., 3mos, 11days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 1922 Lemon Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Magdalena Carr.
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June, 29, 1864.

8. AGE: Years	Months	Days	If less than one day
78	11	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Vegetable Hawker.
11. Industry or business

FATHER
12. Name John Carr.
13. Birthplace ?

MOTHER
14. Maiden Name Ellen ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial. (b) Date thereof June 2-43.
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 Filed 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1943. at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1936 to 5-30 1943 and that I last saw h[illegible] alive on 5-30 1943.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Chronic Bronchitis	7
Due to Emphysema	7
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald A. Mott M. D.
Address Balt City Hosp Date signed 5-31-43

Huntington Williams, M.D.

G 04843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

G 04843

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Liberty Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Worlitz

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11 - 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	2	19		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business none

FATHER
12. Name Gustavus Worlitz
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Rebenter
15. Birthplace Germany

16 (a) Informant Mrs Antoinette Forasou
(b) Address 3403 Liberty Heights Ave

17 (a) Burial (b) Date thereof June 2 - 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Charles P Towell
(b) Address [redacted] Edmondson Ave

19 JUN 1 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at 7:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1940 to 5/30 1943 and that I last saw h[illegible] alive on 5/30 1943

Immediate cause of death
Bronchio-Pneumonia
Due to Myeloid Leukemia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1da
10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Joseph H. Lankarty M. D.
Address 67 W Washington Blvd Date signed 6/1/43

VS 1

D4844 35036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Marietta (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luella F Rose (Luella Biszantz Rose)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: C.B.

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 2-5-85

8. AGE: Years 58 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace Ohio (Marietta) (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER 12. Name Frank Biszantz

13. Birthplace Marietta Ohio

MOTHER 14. Maiden Name Katie Blume

15. Birthplace Marietta Ohio

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)

(c) Cemetery or crematory Oak Grove Cem.

Location Marietta, Ohio

18 (a) Funeral director WM. J. TICKNER & SONS

Address Baltimore, Md.

19 (a) JUN 1 1943 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 5:43 A

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to June 1 1943, and that I last saw her alive on June 1 1943.

Immediate cause of death UREMIA — Duration

Due to CARCINOMA

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/29/43

Major findings of operation: METASTASES

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas J. Kohlerman M.D.

Address J.H.H. Date signed 6/1/43

VS 180

Every item of information should be carefully checked, with CAPABILITY INK. Every item of information should be carefully [illegible]. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 04845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 04845

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 W. Lombard St. Rear
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John N. Moore

3 (b) If veteran, name war ? — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gladys Moore
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) About 1893

8. AGE	Years	Months	Days	If less than one day
	About 50 Years.			hr. min.

9. Birthplace Fluvanna Co. Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Rail Road.

FATHER
12. Name John S. Moore.
13. Birthplace Fluvanna Co Va.

MOTHER
14. Maiden Name Matilda C. Harlow
15. Birthplace Louisa Co Va.

16 (a) Informant Mrs Gladys Moore.
(b) Address Charlottesville Va

17 (a) Burial (b) Date thereof 6-3-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenhill Cemetery.
Location Charlottesville Va.

18 (a) Funeral director A. Lee Oder.
(b) Address 4644 York Rd.

JUN 1 - 1943
(Date rec'd by Reg.) (year)
(b) Huntington Williamsport Md

Va - B+O= C+O=

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1943, at 11 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 6-31-43

G 04846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 E. 25th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM RAUH

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 214-18-2146

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: - - -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9. 1888

8. AGE: Years 54 | Months 5 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Real Estate & Insurance

11. Industry or business

FATHER
12. Name George Rauh
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie C. Kurtz
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Daisy R. Griffin (sister)
(b) Address 332 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June. 1. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) JUN 1 1943 (b) [illegible] for W. Ellis Jacobs M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at 5.A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943 to May 30 1943, and that I last saw h alive on 19

Immediate cause of death: Coronary Thrombosis — Duration: 1

Due to: Myocarditis

Due to: Arteriosclerosis

Other Conditions: Cancer

(Include pregnancy within 3 months of death)

Date of operation: -

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. L. Long M. D.

Address 41 E. Lexington Date signed 6-10-43

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 04847 46 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 MARSHALL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 MARSHALL ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [redacted] MARGARET. M. MAGRUDER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	MARRIED

6 (b) Name of husband or wife CHARLES M. MAGRUDER
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) MAY 22-1889

8. AGE: Years	Months	Days	If less than one day
54	0	9	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name NOT KNOWN.
13. Birthplace [redacted]. VA.

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace VA.

16 (a) Informant CHAS. M. MAGRUDER
(b) Address 1531 MARSHALL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co.

18 (a) Funeral director Bernard C. Harlan
(b) Address 121 E WEST ST.

19 (a) JUN 1 1943 (b) Registrar
JUN 1 1943 Lucretia Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY. 31st 1943. at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19/1941 to 5/31/143 and that I last saw h or alive on 5/30/1943

Immediate cause of death: Carcinoma of stomach with general metastases — Duration: one year & 6 mos.
Due to:
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: As mentioned above.
Of autopsy: - no ne made.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deile
Address 1226 Hanover St Date signed 5/31/43 M.D.

G 04848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 04848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mrai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia alexander

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1882

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace N. Y. C.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Miss. B. Solomon

(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Chas. Sonneborn & Son

(b) Address 1902 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 1 - 1943 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1943 to 5/31 1943, and that I last saw h[er] alive on 5/21 1943.

Immediate cause of death: Hypostasis & pulmonary embolism

Due to: Hypertonic C-V D.

Due to:

Other Conditions: Fracture of neck of left femur

(Include pregnancy within 3 months of death)

Date of operation 5/21

Major findings of operation: Fract. left femur - neck.

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 4/14/43 at ? M

(c) Where did injury occur? Levindale Home
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)

(e) Means of injury: Fell in bathroom

23. Signature Howard E. Nicodemus

Address Mrai Hospital Date signed 5/31 M. D.

Howard J. Nicodemus, M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 24 N. G 04849 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Allendale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Allendale St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Richard

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mollie Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1870

8. AGE: Years	Months	Days	If less than one day
73	2	13	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Christian Richard
13. Birthplace Germany

MOTHER
14. Maiden Name Mary MacDonald
15. Birthplace Baltimore Co. Maryland

16 (a) Informant Mrs. John H. Keyes
(b) Address 509 Allendale Street

17 (a) burial (b) Date thereof June 2, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Loane & Son Funeral Home
(b) Address 7401 Belair Road

19 (a) [illegible] Washington Williams, M.D. Registrar
JUN 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th. 1943 19 , at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to May 27 19 43, and that I last saw h.im alive on May 27 19 43.

Immediate cause of death Cerebral thrombosis — Duration 1 DAY

Due to Hypertension arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address 24 W. Fayette St. Date signed 5/31/43

04850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2827 Pelham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 Pelham Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine A. Cadden

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30-1870

8. AGE: Years 72 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Patrick Cadden
13. Birthplace Ireland

MOTHER
14. Maiden Name ? Mc Laughlin
15. Birthplace Ireland

16 (a) Informant James T. Hayden
(b) Address 2827 Pelham ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md.

18 (a) Funeral director Flynn & Flaherty
(b) Address 1426 Light St.

JUN 1 1943 Filed by me Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1943 at 11.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/28/43 19 to 5/29/43 19 and that I last saw her alive on 5/29/43 19

Immediate cause of death: Coronary thrombosis — Duration 2½ days

Due to —

Due to —

Other Conditions: General arterio solerosis — Duration ?
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibal M.D.

Address 1226 Hanover St. Date signed 5/31/43

Harry J. Deibal, M.D.

G 04851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 04851

13 a Registered No.

G 04851

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Roland Ave.
(c) Hospital or institution: Gf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 N. Broadway.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah M. Slemmer

3 (b) If veteran, name war W

3 (c) Social Security Account No. 41 NE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Milton Slemmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1869

8. AGE: Years 73 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Emmitsburg, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Al Baker
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Stemler
15. Birthplace Maryland

16 (a) Informant Mrs. Minnie Schwartz
(b) Address 1234 N. Broadway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)

(c) Cemetery or crematory St Marys County
Location Emmitsburg Md

18 (a) Funeral director Wm. Cahum Sons
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1943 19 at 3:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from February 2 1943 to May 30 1943 and that I last saw h alive on May 29 1943.

	Duration
Immediate cause of death Uterine adnexal cancer, retroperitoneal abscess	7.
Due to Chronic myocarditis	7.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert P. Schwartz M. D.
Address 2929 Eutaw Pl Date signed 5/31/43

JUN 3 1943

G 04852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 04852 Registered No. 938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 W. Mulberry st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 W. Mulberry st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma V. Cramer

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Louis Cramer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16th 1874

8. AGE: Years	Months	Days	If less than one day
68	7	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name Wm Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs Elsie Bauer
(b) Address 1422 Park Ave

17 (a) Burial (b) Date thereof 6/2/43
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook Sr
(b) Address 217 St. Paul st.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1943, at 8:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1943, to 5/30 1943, and that I last saw her alive on 5/30 1943.

Immediate cause of death	Duration
Myocardial degeneration	?
Due to Arteriosclerosis	?
Due to	
Other Conditions Hypostatic pneumonia Senility	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Allen Laughlin M. D.
Address 400 N. Hayven St. Date signed 6/2/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250
JUN 3 — 1943

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04853 — CERTIFICATE OF DEATH — 133D — G 04853

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2723 Mosher St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rose Mary Crow — If U. S. Veteran specify WAR

(a) Residence: No. 2723 Mosher St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David E. F. Crow

6. DATE OF BIRTH (month, day, year) Nov 29th 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Nicholas Rudolfo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Grigola

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT David E. F. Crow (Address) 2723 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Interment at Balto. Md. Date June 4th 1943

19. UNDERTAKER Wm Cook Inc (Address) 1217 St Paul St

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st, 1943

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1942 to May 31 1943

I last saw h. alive on May 31 1943 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic kidneys	Congenital

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leon A Kochman M. D.

(Address) 3921 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

V8 9

JUN 1 — 1943 — Registrar for Williamsport, Md.

LEON A KOCHMAN, M.D.

04854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. C 04854

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 George St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 George St. 3rd. floor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Lettie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1891

8. AGE: Years 51 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Middlesex Co. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Henry Stokes
13. Birthplace Va.

MOTHER
14. Maiden Name Letty Gardner
15. Birthplace Va.

16 (a) Informant Earl Harris, Son
(b) Address 805 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Balotedo
(b) Address 918 Druid Hill Ave

19 (a) JUN 1 1943 Huntington Ave., Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to May 29 1943.
and that I last saw R. L. alive on May 24 1943.

Immediate cause of death Uraemia

Duration 6 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 759 Saint Date signed 5/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04855 #35354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

N 108

G 04855 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 May ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Alberta Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-22

8. AGE: Years	Months	Days	If less than one day
21	-	13	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Harris
13. Birthplace N.C.

MOTHER
14. Maiden Name Ada Lee
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave
[illegible] 1943 Washington Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943 to May 29 1943 and that I last saw her alive on May 29th 43

Immediate cause of death Respiratory failure — Duration 6 days

Due to Lobar Pneumonia RLL, RML, RUL.

Due to Pneumococcus Type III

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Consolidation R Lung, Fatty Liver

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adah C. Austrian M.D.
Address The Johns Hopkins Hosp Date signed 5/29/43

AB-74564 G 04856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04856 Registered No. 47a

Every item of information should be carefully supplied, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Nursery Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Bessie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 66?

8. AGE: Years	Months	Days	If less than one day
66?	?	?	hr. 18 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name Bon Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Reinbow
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Balto Co. Md.

18 (a) Funeral director Byrom & Frame & H. Wright
(b) Address 721 Edgecombe St

19 (a) JUN 1 1943 (Date received) Huntington Williams M.D. registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1943 at 9PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1942 to 5-28 1943 and that I last saw h[illegible] alive on 5-28 1943

Immediate cause of death: Carcinoma of lung
Due to: & metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Haase M. D.
Address Balt City Hosp. Date signed 5-30-43

AB-8 G 04857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

G 04857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2M 1. 10Days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Warner

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26- 1914

8. AGE: Years 28 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business AT HOME

FATHER
12. Name Winfield Hineline
13. Birthplace Pa.

MOTHER
14. Maiden Name Ethel McLain
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 4/ 43 (month) (day) (year)
(c) Cemetery or crematory STERLING CEM.
Location STERLING Pa.

18 (a) Funeral director Lilly and Giles INC.
(b) Address 403 S. WOLFE ST.

JUN 1943 (Date rec'd by registrar) Hunter Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1943 at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1943 to 5-31 1943 and that I last saw her alive on 5-31 1943.

Immediate cause of death: Carcinoma fundus — Duration ?

Due to Rheumatic heart disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto. City Hosp. Date signed 5-31-43

The age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] WITH UNFADING INK.

G 04858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 04858 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12. S. Gilmor St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12. S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Elizabeth. M. Carll.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Gustelph

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 30. 1879

8. AGE: Years 64 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER 12. Name Phillip Hartman.
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary E. Thomas.
15. Birthplace Baltimore Md

16 (a) Informant G. Carll.
(b) Address 12. S. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. J. Emory
(b) Address 1600 Hollins St.

JUN 1 – 1943 (Date rec'd by registrar) (b) Huntington Indiana Mar

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 9.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1943, to May 29 1943, and that I last saw him alive on May 28 1943.

Immediate cause of death Diabetes mellitus — Duration 7

Due to

Due to

Other Conditions Cellulitis of Rt leg & Thigh.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Seagmeth M. D.
Address 224 W. Lombard Date signed 5/31/43

G 04859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 04859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hammond.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Toby Hammonds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charlie Kennedy
13. Birthplace South Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace South Carolina

16 (a) Informant Laura Smith
(b) Address 1400 Mosher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A to Z Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Monroe St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1943 2.94 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Cancer Breast Rt	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 5/30/43.

VS 6

G 04860 LARRY G 04860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 Myrtle Ave
(c) Hospital or institution: 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Myrtle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Sadey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1892

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Joseph Sparrow

13. Birthplace Georgetown D. C

MOTHER 14. Maiden Name Mary Offutt

15. Birthplace Washington D.C.

16 (a) Informant Albert Sadey

(b) Address 216 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1893 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem

Location

18 (a) Funeral director Wm Walter R Williams

(b) Address 3229 E. Lanvale St

19 (a) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1893 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1893 to May 30 1893 and that I last saw h[illegible] alive on May 30 P 93

Immediate cause of death: Cholera Infantum — Duration 6 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. O. Handley M.D.

Address 241 Mar[illegible] Date signed June 6 1893

Thos. McKenna, M.D. Registrar

VS 2

G 04851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04861

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE LEARS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1882

8. AGE: Years	Months	Days	If less than one day
61	4	8	hr. min.

9. Birthplace Kentucky
(Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hattie Richards
(b) Address 730 W. Saratoga St

17 (a) Burial (b) Date thereof June 19 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mr Kate A Williams
(b) Address 322 N Schroeder St
Filed June 1943 Registrar Huntington Williams M.D.

VR 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 9:35 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular
Due to disease

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. T. Wallansweber M.D.
Medical Examiner.
Date signed 5-26-43

G 04862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a G 04862 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Etting St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) County
(c) City or town Balto (Md)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Etting (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Stanley Pinkney Pinkney

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-5471

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Madelmie Craig Pinkney
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Nov 20 1902

8. AGE: Years	Months	Days	If less than one day
40 41	6	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Ship-Yard

FATHER
12. Name Edward Hayes
13. Birthplace N. C.

MOTHER
14. Maiden Name Hortense Pinkney
15. Birthplace Balto, Md

16 (a) Informant Mrs Madelmie C. Pinkney
(b) Address 2125 Etting St

17 (a) V (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Co.

18 (a) Funeral director J. P. Lubrani
(b) Address 519 Mosher St

JUN 1 - 1943 (Local registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1943 at 4:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from ~~5/31~~ 1943 to 5/31 1943 and that I last saw h[illegible] alive on ~~5/30~~ 1943.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M. Rabitz M. D.
Address 739 Druid Hill Ave Date signed

G 04863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04863 Registered No.

1860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Curley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Hamilton

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife: Joseph Hamilton (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 30, 1879

8. AGE: Years	Months	Days	If less than one day
69	11	29	hr. min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual Occupation: Helps in Cafe (Waitress)
11. Industry or business: Zinks Restaurant

FATHER
12. Name: Albert Mills
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden Name: Sarah Snyder
15. Birthplace: Washington, D.C.

16 (a) Informant: Baltimore City Hospitals
(b) Address: (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul Street

19 (a) (b) Huntington Ave. Baltimore, Md.

JUN 1 - 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1943, at 8:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Broncho-Pneumonia	8 days
Due to Fractured Hip, Rt.	25 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/29/43 M
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Street While at work? No. (Specify type of place)
(e) Means of injury Fall on Street stepping

23. Signature Dwight C. Dorsey M.D. Medical Examiner.
Date signed 5/30/43.

G 04864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2728 Ellicott Dr.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Ellicott Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George E. Woerner
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-05-6665
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Grace G. Armstrong
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 10, 1898
8. AGE: Years 45 Months 1 Days 20 If less than one day hr. min.
9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business U. S. Printing Off
12. FATHER Name Geo. W. Woerner
13. Birthplace Md
14. MOTHER Maiden Name Annie Loethe
15. Birthplace Md
16 (a) Informant Mrs. Grace G. Woerner
(b) Address 2728 Ellicott Dr.
17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 2/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd Balto.
18 (a) Funeral director Harry H. Antrim
(b) Address 401 E Monument Ave
19 (a) (Date received by registrar) **(b)** Huntington Williams Registrar

VS 150 JUN 1 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/43. 19 , at 6 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1943 to 5/30 1943 that I last saw alive on 5/30 1943

Immediate cause of death
Coronary Thrombosis
Angina Pectoris
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

Duration
12 hrs.
1 yr.
10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Jean Coleman M. D.
Address 201 Poplar Grove St. Date signed 5/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 146B

Registered No. G 04865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 N. Calvert St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Malvert St (If rural, give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Crichton

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nora Crichton

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 2 - 1855

8. AGE: Years 87 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Winfield Crichton
13. Birthplace Virginia

MOTHER
14. Maiden Name Harriet Hicks
15. Birthplace Virginia

16 (a) Informant Mrs. Sadah V. Lilley (daughter)
(b) Address 1818 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (month) (day) (year)
(c) Cemetery or crematory Blandford Cem.
Location Petersburg - Va.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W. North Ave.

19 (a) (Date) JUN 2 - 1943 Harriet Williams, Mgr. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 19— to 5/31 1943, and that I last saw him alive on 5/31 1943.

Immediate cause of death CARCINOMA OF STOMACH — Duration 1 YR.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Young M. D.
Address 1129 St. Paul St. Date signed 6-1-43

VS 3

G 04866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

G 04866 Registered No.

Every item of information should be carefully supplied, CAREFULLY AND LEGIBLY. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Carswell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Carswell St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

9-7

3 (a) FULL NAME Mary Catherine Grossman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 800

8. AGE: Years	Months	Days	If less than one day
82	7	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name August Neuman
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Hilas
15. Birthplace Germany

16 (a) Informant Mrs Joseph Grossman
(b) Address 1631 Carswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 2305 Hartford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

Registered by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943 at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to May 30 1943 and that I last saw h[illegible] alive on 5-29 1943.

Immediate cause of death Arteriosclerosis

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
1 Yr
3 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Cook
Address 2530 Eddington Date signed 6/1/43

G 04867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561 Registered No. G 04867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507½ E. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma McNeal

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-5-1903

8. AGE: Years	Months	Days	If less than one day
39	9	23	hr. min.

9. Birthplace York County, S.C. (Town, county, and state)
10. Usual Occupation Cook & Housework.
11. Industry or business

FATHER
12. Name ?
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary McNeal
15. Birthplace York County, S.C.

16 (a) Informant Carrie Cook (Sister)
(b) Address 740 Ryan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove, Location York County, S.C.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 JUN 1 - 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1943, at 4:20 P.M.

21. I certify that I took charge of the remains described above, held an Inquisition (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary embolism, post operative

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Gutheim, M.D. Medical Examiner.
Date signed May 28 1943

G 04868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 S. Castle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: LORETTA RAFFERTY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/40

8. AGE: Years	Months	Days	If less than one day
2 yrs.	10	3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Rafferty
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Deborah Saunders
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address

17 (a) Burial (b) Date thereof 6/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Rose St.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) JUN 1 - 1943 (b) Huntingtown Md. June 1 1943
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943, to May 30 1943, and that I last saw h[illegible] alive on May 30 1943.

Immediate cause of death
Fetal encephalitis
Due to Lead Poisoning
Due to Cause unknown

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Wachsman M. D.
Address Sinai Hospital Date signed 6/1/43

L. Wachsman

Age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

G 04869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 B

G 04869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Married

6 (b) Name of husband or wife Katie Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1873

8. AGE: Years	Months	Days	If less than one day
70	2	28	hr. min.

9. Birthplace Md. (Town, county, and State)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Katie Myers

(b) Address 935 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

JUN 1 - 1943

(Local Registrar) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1943, to 5-29 1943, and that I last saw h[illegible] alive on 5-29 1943.

Immediate cause of death Carcinoma of Stomach

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Bruzaud M. D.

Address 844 N. Carey St. Date signed 6-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 04870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 S. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 S. Curley St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME KOSTANCYA-MARY ZIELINSKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE Years	Months	Days	If less than one day
About 78			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Jos Mc Grabs

FATHER
12. Name Pilarski
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Peter Wojciechowski
(b) Address 1725 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Hermon Hill Rd.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2017 Eastern Ave

19 (a) Huntingtor Williams, M.D. (Registrar) Registrar

UN. I. 1043

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to May 31 1943, and that I last saw h.e. alive on May 30 1943.

Immediate cause of death Arteriosclerotic C.V. Disease
Myocardial Failure.
Duration 5-15-43.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Schumunk M. D.
Address 842 S. Ead Ave Date signed 6-1-43

G 04871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04871 Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Curtis Bay (If outside city or town limits, write RURAL and give town)
(d) Street No. Orchard Beach (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Comer
3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 29, 1879
8. AGE: Years 63 Months 10 Days 1 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Patrick Comer
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Elizabeth Keary
15. Birthplace Westminster, Md.

16 (a) Informant Wm E Byrd
(b) Address Orchard Beach, Curtis Bay Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) June 1 1943 (b) Washington Williams (Signature of local registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to May 30 1943 and that I last saw h[illegible] alive on May 30 1943

Immediate cause of death
Carcinoma of pancreas
Acute cholangitis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Carcinoma of pancreas

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Hauptmann, M. D.
Address 1213 Light Street Date signed June 30 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04872 / 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Leonard Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM C. DUVALL

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-3683

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26 1903

8. AGE: Years	Months	Days	If less than one day
40	2	6	hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business Wm C Duval & Dairy

FATHER — 12. Name Wm C Duval Sr

FATHER — 13. Birthplace Balto

MOTHER — 14. Maiden Name Rose L Phelps

MOTHER — 15. Birthplace Balto

16 (a) Informant Morgan Duval

(b) Address 1317 N Leonard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Rural

18 (a) Funeral director Collins Funeral Home

(b) Address 2008 E Oliver

JUN 1 — 1943 (Date filed by registrar) Huntington Ave Baltimore, Md. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at 4 15 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary heart disease

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature T. L. Wallenmeyer M.D. Medical Examiner.

Date signed 5-31-43

G 04873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

G 04873 Registered No.

Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 N Castle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christina A Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Joseph Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1869

8. AGE: Years	Months	Days	If less than one day
73	8	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Barthol Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Bergedine ?
15. Birthplace Germany

16 (a) Informant Clarence Miller
(b) Address 1808 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bakie Cem
Location

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2106 E. Orleans

19 (a) 1 — 1943 (b) Huntington Williams MD
(Date received by registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 8-10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-1937 to 5-29 1943, and that I last saw h[illegible] alive on 5-29-1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Myocard. Deg. Hypertension	
Due to Arterio-sclerosis Hypertension	
Other Conditions Obesity Stasis L.L.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Sinden M. D.
Address 14 E. Bromley Date signed 5/30/43

G 04874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Marlyn Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN GEORGE NITZEL

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife --
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 13, 1862
8. AGE: Years 81 | Months 4 | Days 18 | If less than one day - hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Policeman Balto. City
11. Industry or business

FATHER
12. Name John George Nitzel
13. Birthplace ?

MOTHER
14. Maiden Name Martha ?
15. Birthplace ?

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.
17 (a) At Rest (Burial, cremation, or removal) (b) Date thereof June 2 (month) (day) (year)
(c) Cemetery or crematory Druid Hill Park
Location Cety
18 (a) Funeral director Ellicott Funeral Home
(b) Address 200 E. Preston
19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH May 31, 1943, at 12:05 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1943 to May 31, 1943 and that I last saw h alive on 19

	Duration
Immediate cause of death: Cerebral vascular accident	16 days
Due to: Cerebral arteriosclerosis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation -- None
Major findings of operations: --
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury
23. Signature H. S. Trace M.D.
Address Baltimore, Md. Date signed 6/31/43

JN 1 1943

VS 180

Va-13181

G 04875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Harlem av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Harlem av (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem. | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19-1888

8. AGE: Years 54 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Prince George Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Henry Brown
13. Birthplace Prince George Co. Md

MOTHER 14. Maiden Name Alice Mitchell
15. Birthplace Md.

16 (a) Informant Joseph Jones
(b) Address 1618 Harlem av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943 (month) (day) (year)
(c) Cemetery or crematory St. Augustine
Location Howard Co. Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St.
JUN 2-1943 Huntington Williams, Mgr.
(Date rec'd by registrar)

VS 2.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to May 29 1943, and that I last saw h[illegible] alive on May 29 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to: Hypertension
Cardiac Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Bigott, M. D.
Address 5368 Lee St Date signed 6/1/43

G 04876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 G 04876

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use typewriter, or PRINT WITH UNFADING INK. Every item of information should be carefully supplied. Be

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Bonner Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Bonner Road (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Sabel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation at home
11. Industry or business None

FATHER
12. Name Nuknown
13. Birthplace Rudsia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Miss Rose Sabel
(b) Address 3907 Bonner Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Montgomery Alabama
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUN 1 1943 Huntington Williams, M.D. Registrar
VS 150

MEDICAL CERTIFICATION 2.55

20. DATE OF DEATH June 1, 1943, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1943 to May 31 1943, and that I last saw h alive on May 31 1943.

Immediate cause of death Arteriosclerosis — Duration
Myocarditis Cerebral Hemorrhage.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kader M. D.
Address 2306 Eutaw Pl. Date signed

G 04877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

G 04877 Registered No.

Every item of information should be carefully supplied. Type or write with UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 659 Light St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert D. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 19 1922

8. AGE: Years	Months	Days	If less than one day
21	4	12	hr. min.

9. Birthplace W. Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name James E Hall
13. Birthplace W. Va.

MOTHER
14. Maiden Name Opal Perkins
15. Birthplace W. Va.

16 (a) Informant Mr James E Hall
(b) Address 659 Light St

17 (a) Ship Pt (Burial, cremation, or removal) (b) Date thereof 6/1/43 (month) (day) (year)
(c) Cemetery or crematory Justus Cemetery ~~Ellingdale W Va~~
Location Ellingdale W Va

18 (a) Funeral director William M March
(b) Address 715 Light St

JUN 1-1943
(Date rec'd by registrar)

(b) Huntingtown Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 19 43 to May 31 19 43, and that I last saw h... alive on ... 19...

Immediate cause of death
Tuberculous Meningitis — Duration 2 days

Due to
Tuberculosis of Spine

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Mullen M.D.
M. D.

Address 228 N Charles St Date signed 6/1/43

G 04878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 04878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Caton & Wilkens Aves.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Agnes Miles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

(b) Name of husband or wife

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1847

8. AGE: Years 96 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Carrens Mo.
(Town, county, and state)

10. Usual Occupation Sister of Charity

11. Industry or business

FATHER
12. Name Leo Miles
13. Birthplace Mo.

MOTHER
14. Maiden Name Martina Mountelle
15. Birthplace Mo.

16 (a) Informant Hospital Record
(b) Address Caton & Wilkens Ave. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahrendorf
(b) Address 827 N. North Ave.

19 (a) JUN 2 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1943 at 8 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1943 to June 1 1943 and that I last saw h[illegible] alive on May 31 1943

Immediate cause of death Arteriosclerotic C-V-D — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur Rosenberg
Address St. Agnes Hosp. Date signed 6/2/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH UNFADING INK. Every item of information should be carefully supplied.

VS 180

G 04879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

Registered No. G 04879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E. 30th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Burgess

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophia Burgess

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) June 8. 1869

8. AGE: Years 73 | Months | Days | If less than one day: hr. | min. 1266

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business ?

FATHER 12. Name Burgess

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Ringold

15. Birthplace Md

16 (a) Informant Sophia Burgess

(b) Address 1727 E. 30th St

17 (a) Burial, cremation, or removal (b) Date thereof June 2. 43 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location Woodlawn

18 (a) Funeral director J. Hemm[illegible] Son

(b) Address 32 S. Broadway Huntington Williams Mgr.

19 JUN 2 1943 (Date received) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26/1942 to 5-30-1943. and that I last saw him alive on 5-28-1943

Immediate cause of death Pulmonary embolism

Due to Chronic myocarditis and endocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown
Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Lybert M. D.

Address 2807 Harford Rd Date signed 6-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04880

JL - 81756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

G 04880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George E. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1870

8. AGE: Years	Months	Days	If less than one day
73	3	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Old Aged Pension

11. Industry or business

FATHER
12. Name George E.
13. Birthplace Md

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Aberdeen St. Road

18 (a) Funeral director Randall Stegel
(b) Address 312 S. Highland Ave.

19 JUN 2 - 1943 (Date rec'd by Registrar) Hampton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31-43 19 , at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1943, to 5/31 1943, and that I last saw him alive on 5/31 1943.

Immediate cause of death: LOBAR PNEUMONIA — Duration: ?

Due to

Due to

Other Conditions Senility — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mathews M. D.

Address Baltimore City Date signed 5/31/43

VS 150

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH INDELIBLE INK.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. C 04881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 E. 25th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E. 25th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John M. McGill

3 (b) If veteran, name war: World War Vet.
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Opera McGill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47 yrs			hr. min.

9. Birthplace Elizabeth Town N.C. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Helen L. Martin

FATHER
12. Name B. F. McGill
13. Birthplace N.C.

MOTHER
14. Maiden Name Caroline Hester
15. Birthplace N.C.

16 (a) Informant Earl McGill - Brother
(b) Address Fayetteville N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory Raeford Cem.
Location Raeford N.C.

18 (a) Funeral director John F. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) JUN 2 - 1943 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1943, at 1:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation due to carbon monoxide

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/28/43 at 1:30 A. M.
(b) Where did injury occur? 217 E. 25th Street
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury inhalation of illuminating gas
B. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed May 2 1943

VS 151

04882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. C 04882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2 9
(e) Length of stay in Baltimore (yrs., mos., or days) yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore 1701 Lakeside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Zink

3 (b) If veteran, name war W
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Wid.

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 54

8. AGE: Years 83 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Barney Zink
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline - ?
15. Birthplace Germany

16 (a) Informant John H. Zink
(b) Address 1701 Lakeside Ave

17 (a) Removal - Burial (b) Date thereof 6 - 5 - 43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Moriah Cem.
Location Monetta Pa.

18 (a) Funeral director William Cook Jr.
(b) Address 1202 E. Lanvale St. Huntington Williams, M.D.

19 JUN 2 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to June 1 1943 and that I last saw h / m alive on June 1 1943.

Immediate cause of death Carcinoma of Bladder — Duration

Due to

Due to } Autointoxication Cardiac Degeneration

Other Conditions Chronic Cystitis Senescence Autointoxication
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of Bladder

of autopsy: Refused.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Joseph M. D.
Address St Joseph Hosp Date signed 6/1/43

VS 3

G 04883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 04883 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Le Roy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1860

8. AGE: Years	Months	Days	If less than one day
83	—	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Logan
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Anna White
15. Birthplace Baltimore, Md.

16 (a) Informant Gertrude Bentley
(b) Address 2045 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUN 2 — 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 — 1943, at 8A — M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 — 1943 to May 30 1943, and that I last saw h[illegible] alive on May 29 1943.

Immediate cause of death	Duration
Myocard. insufficiency	1 day
Due to Chr. myocarditis	indef
Due to	
Other Conditions Large ovarian cyst. Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Chas J. Kellam M. D.

Address 22 W. Monument St. Date signed June 2

VS 3

14

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

04884 — G 04884 — 108 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 W. Yoakum Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA BELLE SYDNEY

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edwin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 31 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Aaron Teitelbaum
13. Birthplace Poland

MOTHER
14. Maiden Name Jenny
15. Birthplace Poland

16 (a) Informant Husband.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-43 (month) (day) (year)
(c) Cemetery or crematory Pimlico
Location Park Hts & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St

19 (a) JUN 2 — Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2/43 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1943 to 6/2/43 19 ; and that I last saw her alive on 6/2 1943.

Immediate cause of death Pulmonary Embolism — Duration

Due to Pneumonia (lobar) —

Due to —

Other Conditions Rheumatic Heart Disease —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max K. Goldstein, M. D.
Address Sinai Hospital Date signed 6/2/43

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Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 04885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RAYMOND MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 085-16-0718

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	8	18		

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Augustus Miller
13. Birthplace N.C.

MOTHER
14. Maiden Name Alfretta Adams
15. Birthplace N.C.

16 (a) Informant Alfretta Miller
(b) Address 72 School St, Yonkers N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mr. Francis A. Hamsley
(b) Address 578 W. Biddle St

19 (a) [illegible] (b) [illegible]
JUN 2 1943 Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at 7P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. T. Wollenweber M.D. Medical Examiner.
Date signed 5-31-43

G 04886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5716 G 04886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 W. Broadway
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name of town)
(d) Street No. 1817 Thomas St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William P. Freeny

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-1876

8. AGE: Years 66 | Months 7 | Days 17 | If less than one day hr. 8 min.

9. Birthplace Eastern Shore, Md.
(Town, county, and state)

10. Usual Occupation Grocery
11. Industry or business Grocery

FATHER
12. Name Benjamin Freeny
13. Birthplace Md.

MOTHER
14. Maiden Name Addie Ralph
15. Birthplace Delaware

16 (a) Informant Mrs. J. A. Hatfield
(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director John D. Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 (a) [redacted] (b) [redacted] Williams, M.D.
[redacted] 2 1943 Harrington
VS 225

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1943 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1943 to May 31 1943 and that I last saw h[illegible] alive on 5-31 1943

Immediate cause of death: Circulatory Collapse. Term.
Due to: Metastatic Carcinoma Bladder — Duration: 1 yr.
Due to: Cancer
Other Conditions: Prostatic hypertrophy
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. M. Christhilf Jr. M.D.
Address Church Home + Infirmary Date signed 6-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04887 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston apartments (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME
Mr. Herbert Nelson Chipchase

3 (b) If veteran, name war

3 (c) Social Security Account No. 246-03-771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Jessie Chipchase
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1890

8. AGE: Years	Months	Days	If less than one day
52	6		hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Expeditor
11. Industry or business

FATHER
12. Name William Chipchase
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily ?
15. Birthplace Wisconsin

16 (a) Informant Mrs. Jessie Chipchase
(b) Address Preston apts City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943 (month) (day) (year)
(c) Cemetery or crematory ~~Loudon Park~~ Mt. Layon Memorial
Location Frayon Memorial Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1923 Eutaw Pl. Baltimore, Md.

19 (a) June 2 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1943 to May 31 1943. and that I last saw him alive on May 31 1943

Immediate cause of death	Duration
Myocardial infarction	7 hrs.
Due to Coronary artavio salerosis	3 Mo
Due to	
Other Conditions Pulmonary edema	2 hrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 5-31-43

G 04888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 04888 Registered No.

Common-white PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Harford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 92

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Harford ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert W. Logan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/13/1904

8. AGE: Years	Months	Days	If less than one day
39	3	14	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Harrison Logan
13. Birthplace VA

MOTHER
14. Maiden Name Mary Logan
15. Birthplace VA

16 (a) Informant Mary Logan
(b) Address 1436 Harford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 3 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. G. W.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (d) JUN 2 - 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1943 to May 29, 1943 and that I last saw h alive on 19

Immediate cause of death
(a) Pulm. Tuberculosis

Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maury Adams

Address 312 E 23rd St. Date signed 5-31-43 M.D.

G 04889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

U 9333

937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Gorsuch Ave.
(c) Hospital or institution:

9-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country

3 (a) FULL NAME CHARLES E. FREDEN

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Pauline Albert Freden

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.): Oct. 7. 1883

8. AGE: Years 59 | Months 7 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Bryan Ohio
(Town, county, and state)

10. Usual Occupation: Clerk. U.S. Post Office

11. Industry or business: Baltimore Branch

FATHER
12. Name: Joseph Freden
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Not Known

16 (a) Informant: Mr. George Browning
(b) Address: 1159 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2. 1943 (month) (day) (year)
(c) Cemetery or crematory: Moreland Mem. Park Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) JUN 2 - 1943 (Date received by Registrar) Henrietta Lee Robinette, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 29. 1943 at 6.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943 to May 29 1943.
and that I last saw him alive on May 25 1943.

	Duration
Immediate cause of death: Coronary Thrombosis	1 Day.
Due to: Hypertensive Cardio. vascular disease	3 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Herbert F. Bellmore M. D.
Address: 6 East Biddle St. Date signed: 5/31/43

VS 250

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT IN INK. WRITE OVER, WITH UNFADING INK.

G 04890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 04890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 E. Federal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME FRANCES JOSEPHINE DUSEK

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Anton Dusek

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Mar. 26. 1873

8. AGE: Years 70 | Months 2 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Czecho-Slovakia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Carl Strolen
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not Known
15. Birthplace Bohemia

16 (a) Informant Mr. James J. Dusek (Son)
(b) Address 1904 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4. 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) JUN 2 - 1943 (Date received by Registrar) (b) 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 31. 1943 at 1.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 19 43 to May 31 19 43 and that I last saw h[illegible] alive on May 20 19 43.

Immediate cause of death: Arteriosclerotic cardiac vascular renal disease — Duration: 9 —

Due to:

Due to:

Other Conditions: Cerebral hemorrhage — Duration: 3 days.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adler P. Labovsky M. D.
Address 939 Dr. Edberg St. Date signed 6/1/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04891 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 W. 41st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 187[illegible]

8. AGE: Years 70 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Butcher
11. Industry or business Retired

FATHER
12. Name John H.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Tracy
15. Birthplace Baltimore, Md

16 (a) Informant Sadie - wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/43 (month) (day) (year)
(c) Cemetery or crematory Loters
Location Falls Rd.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 E. Broadway

19 (a) [illegible] (b) [illegible]

JUN 2 - 19[illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1943 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1943 to 5/31 1943 and that I last saw him alive on 5/31 1943

Immediate cause of death Carc. of Rectum (?)

Due to

Due to

Other Conditions Fractured Pelvis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
5/27/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/27/43 (?)
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell on floor

23. Signature Thomas F. Leahy M.D.
Address Md. Gen. Hosp. Date signed 5/31/43

Body Released by Dr. Graham - Med. Examiner

04892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 04892
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 A. Cold Spring Lane
(c) Hospital or institution:
Elkins Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Clifton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Jesse Thomas Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-101-280

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1871

8. AGE: Years	Months	Days	If less than one day
72	4	4	hr. min.

9. Birthplace York, Pa. (Town, county, and state)
10. Usual Occupation Electrical Engineer
11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas Moore
13. Birthplace Pa.

MOTHER
14. Maiden Name Emily Hederick
15. Birthplace Red Lion, Pa.

16 (a) Informant Mrs. Emma F. Moore
(b) Address 2313 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Howard Co., Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) JUN 2 - 1943 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1943, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1942 to May 26, 1943, and that I last saw him alive on May 26, 1943.

Immediate cause of death Coronary Thrombosis. — Duration 4 days

Due to Arteriosclerotic Cardiovascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Weiss M. D.
Address 927 E. Fayette Ave. Date signed 6-1-43.

VS 8

G 04893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1210 Registered No. G 04893

The ... must be carefully supplied. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital Since Apr. 5, 1943
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5254 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WILLIAM BENNER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	--Married

6 (b) Name of husband or wife Elsie Benner
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 17, 1891

8. AGE: Years	Months	Days	If less than one day
52	0	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Meat Counter Clerk
11. Industry or business Food Fair

FATHER
12. Name John Benner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Fredericka Schats
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM.J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH May 31, 1943, at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5, 1943 to May 31, 1943, and that I last saw him alive on May 31, 1943.

Immediate cause of death: Combined chronic glomerular nephritis and nephrosclerosis;
Due to: Mesenteric thrombosis, terminal ileum removed surgically
Due to:
Other Conditions

Duration: Sev. years; 1 week

(Include pregnancy within 3 months of death)
Date of operation 5/30/43
Major findings of operation: As above 11' (terminal ileum) removed.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury -

23. Signature W. S. Bacon
Address Baltimore, Md. Date signed M.D. 5/31/43

No. Va-13181

C 04894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. C 04894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4018 Massachusetts Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Massachusetts Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE KELLY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife John T. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1853

8. AGE: Years	Months	Days	If less than one day
90	1	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name -- Stemm
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs. Agnes Tinsley
(b) Address 4018 Massachusetts Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director W.J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1943 at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to May 31 1943 and that I last saw h[illegible] alive on May 30 1943.

Immediate cause of death	Duration
Intestinal Obstruction	4 days
Due to Carcinoma of Cecum	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliott W Johnson M. D.
Address 3432 Fredrick Ave Date signed

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 04895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Robinson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) D-9-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Robinson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Pitell

3 (b) If veteran, name war —

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank Pitell

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Henry Pitell
(b) Address 700 S Robinson st

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd

18 (a) Funeral director John F Duda
(b) Address 2529 E Lombard St

19 (a) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1943, at 12 50 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular

Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6/1/43

G 04896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 04896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Bolton St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country –

3 (a) FULL NAME Elizabeth Annie Smith

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1851

8. AGE: Years 91 | Months 8 | Days 20 | If less than one day hr. min. 19

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business –

FATHER 12. Name Robert M. Smith

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Rebecca Cassandra Jones

15. Birthplace

16 (a) Informant A. Morris Tyson

(b) Address 206 Chauncey Rd Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md

18 (a) Funeral director Mason W. Jenkins & Son Co

(b) Address McCulloh & Orchard Sts.

19 (a) [redacted] (b)

Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1936 to 6/1 1943, and that I last saw her/him alive on 6/1/43 19

Immediate cause of death: Myocarditis — Duration: Gradual

Due to: Arterio-Sclerosis — Duration: 11

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Hoody M.D.

Address 1403 Park ave Date signed 6/2/43

VS 3

G 04897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04897 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 N. Charles st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BROCKENBRIDGE Dr. Cary D. Gamble Jr.

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. –

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Cary D. Gamble

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1861

8. AGE: Years 82 | Months 7 | Days 29 | If less than one day hr. 1 min. 60

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Cary Gamble
13. Birthplace Virginia

MOTHER
14. Maiden Name Edwards Shaw
15. Birthplace Virginia

16 (a) Informant Hosp Record
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 3 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Dukehart Funeral Home, Washington Monument, Mt. Vernon Pl.

19 (a) (Date registered) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943, to June 1 1943, and that I last saw him alive on June 1 1943.

Immediate cause of death: Myocardial failure — Duration 2 weeks
Due to: Coronary sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Hartzell Jr. M. D.
Address Union Memorial Hosp. Date signed 6-1-43

G 04898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04898 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Presstman (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore White

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1884

8. AGE: Years 58 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Theodore White

13. Birthplace Va

MOTHER 14. Maiden Name Frances Fauntleroy

15. Birthplace Va

16 (a) Informant Estelle White

(b) Address 1507 Presstman

17 (a) Burial (b) Date thereof 6/2/43 (month) (day) (year)
(burial, cremation, or removal)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director [illegible]

(b) Address 1303 Pennsylvania Ave

19 (a) [illegible] (b) [illegible]
(Signature of Registrar)

Handed to Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943 at 2 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 5.29. 1943. to 5.30. 1943.
and that I last saw him alive on 5.30. 1943.

Immediate cause of death Pulmonary edema — Duration 48 hrs.

Due to hypertensive cardiovascular renal disease — 2 yrs

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D Carr M. D.

Address 515 Madison Ave Date signed 5.31.43

G 04899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 04899 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1143 Woodyear st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Woodyear st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADA ROBINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife James Robins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1900

8. AGE: Years	Months	Days	If less than one day
42	9		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Bruce
13. Birthplace Md.

MOTHER
14. Maiden Name Janina Bruce
15. Birthplace Md

16 (a) Informant James Robins
(b) Address 1143 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St

19 (a) JUN 2 1943 (Date filed by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943, at 9 45 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions Hy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 5-31-43

VS 151

G 04900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G 04900

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 E. Lombard St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Fellem

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-28-1886

8. AGE: Years	Months	Days	If less than one day
57 Years	4	3	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Aaron Finkelstein
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Harris H. Fellem
(b) Address 706 E. Lombard

17 (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (month), (day), (year)

(c) Cemetery ~~Prospect~~ Jack Benny
Location Rosedale

18 (a) Funeral director Jack Levin Jr.
(b) Address 1739 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

Thanks for Missing

VS 181 JUN 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1943, at 5-40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Illuminating Gas

Other Conditions Depressed Psychosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/1/43 at A.M.
(b) Where did injury occur? 2106 E. Lombard St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas log unlit burner

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 6-2-43

G 04901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. G 04901

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 6

(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1540 N. Payson

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Gertrude Weemstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Chaim

13. Birthplace Russia

MOTHER 14. Maiden Name Leba

15. Birthplace

16 (a) Informant Morris Weemstein

(b) Address 1540 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)

(c) Cemetery or crematory Bonnefit

Location Rosedale

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) Filed (b) Registrar

(Date received by registrar) Huntington Avenue, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to June 1 1943 and that I last saw h Ed alive on June 1 1943.

Immediate cause of death Pulmonary Edema

Due to Acute Cardiac Insufficiency (Asthma)

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond B. Hollberg M.D.

Address Sinai Hosp. Date signed 6/1/43

G 04902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 04902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 Edmondson Ave:
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-71

8. AGE: Years 71 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk - Penna R.R.

11. Industry or business

FATHER
12. Name Mathew Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Margretha Brooks
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director Harris Crook Burial
(b) Address 1600 W. North Ave

JUN 2 - 1943 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1943 at 2:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1943 to May 30 1943 and that I last saw him alive on May 30 1943

Immediate cause of death: Cerebrovascular accident — Duration: 12 hrs
Due to: arteriosclerosis
Due to: (b)
Other Conditions: Bladder tumor — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkin Hosp Date signed 5/30/43

Copies are necessary. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04903

BALTIMORE CITY HEALTH DEPARTMENT

MJ-81759 **CERTIFICATE OF DEATH** ✓ 108

Registered No. C 04903

Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL OR FOUNTAIN PEN WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 S. Sharp St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Mae Stevenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1942

8. AGE: Years	Months	Days	If less than one day
	10	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Stevenson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Evelyn Stewert
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cr
Location a a Co Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 1943 Pennsylvania Ave, Md

19 (a) JUN 2 - 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1943, to 6-1 1943 and that I last saw her alive on 6-1 1943.

Immediate cause of death	Duration
Pneumococcal Meningitis (Type b pneumo).	? 3 days
Due to Pneumococcal Septicaemia (type b).	? 4-5 days
Due to Pneumonia	10 days
Other Conditions Pericarditis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: 6-1-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rawlins M. D.
Address Balto. City Hosp Date signed 6-3-43

VS 150

G 04904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 877

G 04904 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The ... WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 794 W. Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 794 W. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Thompson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James E. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11. 1859

8. AGE: Years 83 | Months 8 | Days 20 | If less than one day: hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER
12. Name Stafford Mason
13. Birthplace Va.

MOTHER
14. Maiden Name Harriet Fisher
15. Birthplace Va.

16 (a) Informant Lula J. Greenwood
(b) Address 794 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) Date received JUN 2 1943 (b) Registrar Huntington Hilligus M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1. 1943 at 2:50 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20/43 to June 1/43. and that I last saw h. alive on May 30/43.

Immediate cause of death — Duration

Broncho Pneumonia — 10 days.

Due to

Due to

Other Conditions
Multiple Sclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Chamberlain M. D.
Address 933 Hanover Date signed June 2/43.

G 04905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

G 04905 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Pierpont St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Pierpont St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Loretta Lauretta Blake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George Blake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 2 1891

8. AGE: Years 51 | Months 5 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and State)

10. Usual Occupation House wife

11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant George Blake
(b) Address 2604 Pierpont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3. 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Lyon
Location Baltimore County

18 (a) Funeral director Joseph G. Lisby
(b) Address 4001 Mount Street

19 JUN 2 - 1943 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to May 31 1943.
and that I last saw her alive on May 31 1943.

Immediate cause of death: Hypostatic pneumonia — Duration: 2 days
Due to: Chronic Nephritis — 7 mo
Due to: 11 11
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R J Adams
Address 2705 Hallins Ave Date signed 6/1/43 (M. D.)

G 04906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04906 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Jenkins Memorial Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Wash DC.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 244 - 14th St. S.E.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Haff.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/23

8. AGE: Years	Months	Days	If less than one day
19	6		hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Haff
13. Birthplace New York

MOTHER
14. Maiden Name Ida Legley
15. Birthplace Wash D C

16 (a) Informant Bro. Catholic Charities
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Washington DC

18 (a) Funeral director Peabody Harlan
(b) Address 641 - H St N E

19 (a) JUN 9 - 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to June 2 1943, and that I last saw him alive on June 1 1943.

Immediate cause of death, Transverse Myelitis — Duration 12 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sr. Arthur Rosalie
Address St. Agnes Hosp. Date signed 6/8/43

VS 180

Type or write with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 04907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 432

C 04907
Registrar's No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2542 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Janie Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Charles Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1889

8. AGE: Years	Months	Days	If less than one day
53	11	1	hr. min.

9. Birthplace Prince George County
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Wood
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name Hannah Owens
15. Birthplace A. A. Co., Md.

16 (a) Informant Jannie Jenkins
(b) Address 2542 Madison avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Nata R. Williams
(b) Address 324 N. Schroeder St

19 (a) (Date received by Registrar) JUN 2 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 8:35 AM

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to Hypertension cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed June 1 1943

VS 181

G 04908 — 25181467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

G 04908 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Carlton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Isabell Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Lumber Wagon Driver
11. Industry or business

FATHER
12. Name Charles
13. Birthplace ?

MOTHER
14. Maiden Name Cinderella
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm Katie K Williams
(b) Address 22 S. Calhoun St Baltimore

19 (a) JUN 2 (b) 1943 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1943, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1943, to 5-30 1943, and that I last saw h[illegible] alive on 5-30 1943.

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to: Generalized arteriosclerosis — Duration 3 yrs.
Due to: Chronic heart disease — Duration 3 yrs.
Other Conditions Arteriosclerosis
Gangrene of foot
(Include pregnancy within 3 months of death)
Date of operation 5-12-43
Major findings of operation: Gangrene
Autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Heuer Hoen M. D.
Address Balto. City Hosp. Date signed 5-31-43

VS 180

G 04909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04909

Registered Number

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Gephart Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Korn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Myer Korn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1898

8. AGE: Years 44 Months 5 Days 76 If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Myer Korn
(b) Address 705 Gephart Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/43 (month) (day) (year)
(c) Cemetery or crematory Pittsburg Pa
Location

18 (a) Funeral director Joh Levinson & Bros
(b) Address 1116 W. North ave

19 (a) JUN 2 – [redacted] Huntington Williams
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 9 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 1 1943 and that I last saw h She alive on June 1 1943

Immediate cause of death Pulmonary Edema — Duration 12 Min.

Due to Acute Cardiac Insuff.

Due to

Other Conditions Arteriosclerosis Phlebitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond B. Hoelbing M.D.
Address Sinai Hosp. Date signed 6/4/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YS 180

G 04910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G 04910 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Miami, Fla. (If outside city or town limits, write RURAL and give town.)
(d) Street No. 88 S.E. 10th. Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Luther Calhoun Sprawls, Jr.

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Hazel Sprawls
6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1908

8. AGE: Years: 34 Months: 5 Days: 20 If less than one day: hr. min.

9. Birthplace: Williston, S.C. (Town, county, and state)
10. Usual Occupation: U.S.Coast Guard
11. Industry or business: Yeoman 1st. class

MOTHER / FATHER
12. Name: Luther Calhoun Sprawls, Sr.
13. Birthplace: Williston, S.C.
14. Maiden Name: Suzie Tool
15. Birthplace: Aiken, S.C.

16 (a) Informant: self (before death)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1943 (month) (day) (year)
(c) Cemetery or crematory: U.S. Arlington Cem
Location: Arlington Virginia

18 (a) Funeral director: Roth & B. M. Walker
(b) Address: 1414 Stricker St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1943, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1943, to June 1, 1943, and that I last saw h im alive on June 1, 1943.

Immediate cause of death: Brain Tumor (Glioma)
Duration: 4 mos.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4/10/43 5/25/43

Major findings of operations: Glioma of brain

of autopsy: not done

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specific type of place) While at work?
(e) Means of injury

23. Signature: Luther H. Sprawls
Address U.S. Marine Hospital Date signed 6/2/43

G 04911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

G 04911
Registered No.

Every item of information should be carefully supplied, WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah C. Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Robert H Burrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1887

8. AGE: Years	Months	Days	If less than one day
56	2	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Pipes
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta ?
15. Birthplace Md.

16 (a) Informant Clarence Burrell
(b) Address 1619 E Lombard St.

17 (a) Removal (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location New Rochelle New York

18 (a) Funeral director Mrs. Robert A. Elliott Sr.
(b) Address 112 W. Caroline St.

19 (a) (b) Washington Williams M.D.

JUN 3 1943

VS 10a

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1943 at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943 to 6-1 1943.
and that I last saw her alive on 6-1 1943.

Immediate cause of death
Carcinoma of Liver — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Washington Williams M.D.
Address 804 N. Carey St. Date signed 6-2-43

04912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. C 04912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Caton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold Unger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ——

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1942

8. AGE: Years	Months	Days	If less than one day
	8	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Fonzie N. Unger
13. Birthplace Parkley Springs W. Va.

MOTHER
14. Maiden Name Eleanor McManus
15. Birthplace Dobbin W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Berkley Springs W. Va.

18 (a) Funeral director Charles F. Bill.
(b) Address 504 E. Fort Ave.

19 (a) JUN 3 - 1943 (Date rec'd by registrar) (b) Huntington-Williams Mort

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943 to June 2 1943 and that I last saw h[illegible] alive on June 2 1943.

Immediate cause of death Pneumonia — Duration 3 days

Due to (pneumonia)

Due to

Other Conditions Heart failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorothina D. Traggis
Address Johns Hopkins Hospital Date signed June 2/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 93E

G 04913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 W. Balto. st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 W. Balto. st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Sprigg Wells

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George W. Wells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1859

8. AGE: Years	Months	Days	If less than one day
83	10	28	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William Sprigg
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Mrs Taylor
(b) Address 1830 W. Balto st

17 (a) Burial (Burial, cremation or removal) (b) Date thereof June 4th 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 JUN 3 - 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to June 2 1943, and that I last saw h alive on June 1 1943.

Immediate cause of death Myocarditis

Due to Angina

Due to Arthritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Evans M. D.
Address 692 Hollins st. Date signed

VS 189

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04914 Picus

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93P

Registered No. G 04914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 Sargeant st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Sargeant st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Albert Dicus

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or divorced: Widowed
6 (b) Name of ~~husband or~~ wife: Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11th 1872

8. AGE: Years 70 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Produce Dealer
11. Industry or business Self

FATHER
12. Name John Dicus
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant David Wenk
(b) Address 1226 Sargeant st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/3/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director William Cook Sons
(b) Address 217 St. Paul st.

19 (a) JUN 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to June 1 1943 and that I last saw h~~im~~ alive on June 1, 1943.

Immediate cause of death: Acute Heart failure — Duration
Due to: Chronic Myocarditis
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to ~~external~~ causes, fill in the following:
(a) Accident, ~~suicide~~, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Lee M. D.
Address 816 Wilkens Ave Date signed 6-2-43

~~correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

04915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 04915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 Hollen Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Hollen Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Magdeline McNamara

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Patrick H. McNamara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15th 1856

8. AGE: Years 86 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Henry Wilhelmus
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Robert J. McNamara
(b) Address 711 Hollen Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Mass Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St Huntingdon Williamsport, Md.

19 (a) JUN 3 - 1943 (Date rec'd by registrar) (b) Registrar

V2 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1943, 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1943 to 6/1 1943 and that I last saw h. alive on 6/28 1943

Immediate cause of death: Uremia: obstruction Cardiac Vascular renal disease — Duration 1

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Joseph S. Blum M. D.
Address 1206 E. Baltimore Date signed 6/1/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT ONLY IN PENCIL OR INK. Every item of information should be carefully s

G 04916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 04916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4017 Evans Chapel Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Evans Chapel Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ellen Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 4 67

8. AGE: Years 76 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name French

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant Mrs Lillie Hyt

(b) Address 810 W. 37th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 4 (day) 43 (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Balto Co.

18 (a) Funeral director Wm Cook Inc.

(b) Address 1217 St Paul St

19 (a) JUN 3 — 1943 (Date rec'd by Local Registrar) (b) Thelma G. Williams M.R. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 3 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to June 1st 1943 and that I last saw her alive on June 1st 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension CVD. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laurence J. Chamberlain M.D.

Address 37 N Talbot St Date signed 6-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 04917 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITER, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dubeland & Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Bender

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Rosa Bender
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1859

8. AGE: Years	Months	Days	If less than one day
83	10	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Clerk Unemployed
11. Industry or business Balto City Police Dept.

FATHER
12. Name Christian Bender
13. Birthplace Unknown

MOTHER
14. Maiden Name Gadtner
15. Birthplace "

16 (a) Informant Lillian Bendy
(b) Address 1909 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) JUN 3 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 4:30 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/28 1943 to 6/2 1943, and that I last saw him alive on 6/2 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Generalized Arteriosclerosis

Due to Gangrene of Rt. Leg

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation 5/31/43

Major findings of operation: Gangrene of Rt. Leg

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Pierson M. Checket, M.D.
Address W.B.G.N. Date signed 6/4/43.

04918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

458 Registered No. G 04918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 Abbotton St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wood, Judson William

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of ~~husband or~~ wife Emma Wood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1889

8. AGE: Years	Months	Days	If less than one day
54	1	13	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Produce Business

FATHER
12. Name William Wood
13. Birthplace Va.

MOTHER
14. Maiden Name Louella Dillard
15. Birthplace Va.

16 (a) Informant Kathryn W. Crowther
(b) Address 3506 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Bok Inc
(b) Address 1217 St. Paul St.

19 (Date received by registrar) JUN 3 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-43 19 , at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1942 to 6-1 1943, and that I last saw ~~him~~ alive on 5-31 1943.

Immediate cause of death Carcinoma Face & tongue involving the Epiglottis.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 5-6-43 Major findings of operations Tracheotomy
of autopsy: not obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Lynch M.D.
Address 1 Joseph Hosp Date signed 6-1-43

VS 8

Please write the causes of death clearly and legibly.

04919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. G 04919

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution Sa. Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3619 Eighth Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl B La Plant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1943

8. AGE: Years | Months | Days | If less than one day: 2 hr. 38 min.

9. Birthplace S. Baltimore General Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John La Plante
13. Birthplace D. York

MOTHER
14. Maiden Name Evelyn Leydon
15. Birthplace New York

16 (a) Informant Evelyn La Plante
(b) Address 3619 Eighth Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 2 1943
Commissioner of Health STATE

18 (a) Funeral director
(b) Address

19 JUN 2 1943 (Signature) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943, at 9.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1943 to 5-29 1943, and that I last saw h. alive on 5-29 1943

Immediate cause of death: Premature birth, prematurity

Due to: Premature separation of normally implanted placenta

Due to: Prolonged labor during parturition

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangenaro, M. D.
Address 1213 Light Street Date signed 5-31-43

F0138

G 04920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04920
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use typewriter, with UNFADING INK. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balt. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3619 Eighth Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl A La Plant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1943

8. AGE: Years	Months	Days	If less than one day: hr.	min.
			4	

9. Birthplace South Baltimore General (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John La Plante
13. Birthplace D. York

MOTHER
14. Maiden Name Evelyn Lyfon
15. Birthplace New York

16 (a) Informant Evelyn La Plante
(b) Address 3619 Eighth Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 2 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 3 – 1943 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1943 at 7 31 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1943 to 5-28 1943, and that I last saw her alive on 5-28 1943.

Immediate cause of death: Premature birth, neonatal death — Duration

Due to: Premature separation of normally implanted placenta

Due to: Unknown cause during parturition

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed 5-31-43

F 0139

M. D. B. 1202-3

04921 HEALTH DEPARTMENT—CITY OF BALTIMORE G 04921

CERTIFICATE OF DEATH 160a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Wilhelm St., Ward 3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby O'Halloran

(a) Residence: No. 1916 Wilhelm St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-1-43

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME John H. O'Halloran

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Anna Callero

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT John N O'Halloran

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL JUN 2 1943 19

19. UNDERTAKER Commissioner of Health

(Address)

20. JUN 3 - 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1943

22. I HEREBY CERTIFY, That I attended deceased from June 1 1943 to June 1 19

I last saw h[illegible] alive on ... 19 ... Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Umbilical cord around neck Bilateral club foot	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J McCallum M. D.

(Address) 822 Frederick Ave

OCCUPATION is very important. See instructions on back of certificate.

0137

G 04922 (Feldfusch) ✓ G 04922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 W Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Feldfusch

3 (b) If veteran, name war yes
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Fredericka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business

FATHER
12. Name Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Weiker
15. Birthplace Md

16 (a) Informant Carl Feldfusch
(b) Address 716 W Fayette St

17 (a) Interred Cathedral (Burial, cremation, or removal) Date thereof 6/7/1943 (month) (day) (year)
(c) Cemetery or crematory
Location Greenmount Rd

18 (a) Funeral director Edward Fowler
(b) Address 2759 Wash Blvd Baltimore, Md

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to June 1 1943, and that I last saw h alive on 19

Immediate cause of death: Hemiplegia — Duration 6 Months
Due to Cerebral Hemorrhage 1040
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schofield M. D.
Address 720 Cathedral Date signed 6/1/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

G 04923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 04923
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 553 Preeteman St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Preeteman St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Israel Yerby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1887

8. AGE: Years	Months	Days	If less than one day
56	8	8	hr. — min.

9. Birthplace Dorsington, Richmond Co. Va.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Office Building

FATHER
12. Name Henry Yerby
13. Birthplace Va.

MOTHER
14. Maiden Name Mary J. Ball
15. Birthplace Va.

16 (a) Informant Lena Johnson (Sister)
(b) Address 553 Preeteman St.

17 (a) Burial (b) Date thereof June 4, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location Dorsington, Richmond Co. Va.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave

19 (a) — (b) —
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31st 1943, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943 to May 31 1943 and that I last saw her alive on May 31 1943.

Immediate cause of death: Lobar Pneumonia — Duration 2 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature [illegible] M. D.
Address 603 N. Fremont Date signed June 2

VS 3

G 04924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 N. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 N. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward L. Kleindienst

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8427

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Kleindienst

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 4-1864

8. AGE: Years 78 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace York Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Henry A. Kleindienst
13. Birthplace York Pa

MOTHER
14. Maiden Name Amelia Lau
15. Birthplace York Pa

16 (a) Informant Edward L. Kleindienst
(b) Address 2431 N. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director J. A. Pepper & Son
(b) Address 300 Eutaw Place

19 (a) [illegible] JUN 3 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1943 at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1943 to 6-1 1943 and that I last saw h. alive on 6-1 1943

Immediate cause of death Hypertensive arteriosclerotic heart disease — Duration 24 hrs

Due to

Due to

Other Conditions Fracture left femur sustained in fall

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 3321 Fleet St Date signed 6-2-43

VS 150

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK.

G 04925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 04925 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 Hollins dt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Hollins dt (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma J. Countess (COUNTESS)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph F. Countess

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 30-1877

8. AGE: Years 65 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Geo. Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Stockert
15. Birthplace Maryland

16 (a) Informant Mrs Fanny Keys
(b) Address 2502 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director J. B. Hamburger
(b) Address 300 Hollins St

19 (a) JUN 3 1943 (Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1943 at 1/2 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 1 1943. and that I last saw h alive on May 31 1943

Immediate cause of death Pulmonary Oedema — Duration 2 days
Due to Myocarditis, — Duration 4 yrs
Due to Arteriosclerosis — Duration 4 yrs
Other Conditions Malignancy of Gall Bladder Surg. — Duration 1 yr
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond Kalec
Address 917 Ward St Date signed 6/4/43

VS 180

G 04926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04926

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 ST. PAUL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 ST PAUL ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE L AKERS.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	MARRIED

6 (b) Name of husband or wife GEORGE L. AKERS
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) JULY 27 1897

8. AGE: Years	Months	Days	If less than one day
45	10	109	hr. min.

9. Birthplace WASH. D.C.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name FRANK CARRICO
13. Birthplace WASH. DC.

MOTHER
14. Maiden Name HESTHER WRIGHT.
15. Birthplace VA.

16 (a) Informant GEORGE. L. AKERS.
(b) Address 2505 ST PAUL ST.

17 (a) BURIAL (b) Date thereof 6-4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN.
Location WOODLAWN MD

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E Mt Royal Av

19 (a) (Date received by registrar) Baltimore, Md. JUN 3 - 1943 Registrar's No.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 1 1943 at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to June 1 1943, and that I last saw h[illegible] alive on May 31 1943.

Immediate cause of death arteriosclerosis — Duration 1 year
Due to diabetes mellitus. — 3 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which of place) While at work?
(e) Means of injury

23. Signature Robert L. Akers Jr. M. D.
Address 2706 St Paul St. Date signed 6/1/43

VS 1

Physicians: please write the causes of death clearly and legibly. Any illegible or incomplete information should be carefully supplied.

G 04927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 04927 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Freemont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A. Loving

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80	—	—	hr. min.

9. Birthplace Caroline Co Va (Town, county, and state)

10. Usual Occupation Moving Business

11. Industry or business —

FATHER
12. Name George Loving
13. Birthplace Caroline Co Va

MOTHER
14. Maiden Name Sally Fatemond
15. Birthplace Va

16 (a) Informant Mrs H. Loving
(b) Address 2307 Freemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park —
Location —

18 (a) Funeral director Mary M Wardfield
(b) Address 501 E 32nd Sts

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 3 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1940, to 6-1 1943 and that I last saw him alive on 6-1 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Cerebral arterio-sclerosis	10 yrs
Due to	
Due to	
Other Conditions Myocardial degeneration	2 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Miller, M.D.
Address 1500 N Broadway Date signed 6/7/43

G 04928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 04928 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Elizabeth Reilly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 85 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Phillip Reilly
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Fitzpatrick
15. Birthplace Ireland

16 (a) Informant E. Reilly
(b) Address 332 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 4 (day) 1943 (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary Mc Wiedefeld
(b) Address 501 E. 22nd St.

19 (a) JUN 3 - 1943 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1943, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1943, to 5/31 1943, and that I last saw her alive on 5/31 1943.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic C-V Disease & Hypertension

Due to

Other Conditions Fracture of left femur

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/21/43
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell in bath

23. Signature Mary M. Zimmerman M.D.
Address Md. Gen. Hosp. Date signed 5/31/43

Attended by Medical Examiner (A. Gruber)
Harlem & Madeira Md. City

VS 3

G 04929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 04929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 735 George St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alverta Imes Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 186[illegible]

8. AGE: Years 74 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Elisha T. Imes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Peck
15. Birthplace Baltimore, Md.

16 (a) Informant Nellie Mae Bond
(b) Address 730 George St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore, Md

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 631 Druid Hill Ave

JUN 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 2:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to May 31 1943 and that I last saw h[illegible] alive on May 31 1943

Immediate cause of death Myocarditis — Duration 8 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Leon

Address 3[illegible] Leon St Date signed May 3 1943

VS 8

G 04930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 04930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 403 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sadie B. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1886

8. AGE: Years 56 | Months 9 | Days 30 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Theodore Boone
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Balto. Md.

16 (a) Informant John H. Brown
(b) Address 403 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUN 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to May 31 1943 and that I last saw h alive on April 1 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 wks
Due to: Hypertension — 5 yrs
Due to: Arteriosclerosis —
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bradshaw Higgins M.D.
Address 713 Henderson Date signed 6/3/43

VS 3

G 04931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 04931 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1273 Riverside Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1273 Riverside Avenue (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME William Nagell

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Thuman
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 9, 1861

8. AGE: Years	Months	Days	If less than one day
81	10	22	-- hr. --- min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Baker
11. Industry or business -------

MOTHER / FATHER
12. Name John Nagell
13. Birthplace Germany
14. Maiden Name Theresa Kuebel
15. Birthplace Germany

16 (a) Informant Frank J. Nagell
(b) Address 1271 Riverside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn, Md.

18 (a) Funeral director H. W. Means & Son
(b) Address JUN 3- 1943 N. Calvert Street

19 (a) ----- (Date rec'd by registrar) (b) Huntington Williams, M.D.

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to May 31 1943 and that I last saw him alive on 1943

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to: Arteriosclerosis — Duration: 1 yr

Due to: Hypertension — Duration: 1 yr

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M.D. M. D.
Address 1220 S. Eden St Date signed 6/2/43

G 04932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

G 04932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43 W. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 43 W. Preston St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA BROGLIE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Sebastian Broglio

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1875

8. AGE: Years 68 | Months 0 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Henry Keister
13. Birthplace unknown

MOTHER
14. Maiden Name Lorretta ?
15. Birthplace unknown

16 (a) Informant Mr. Wm. N. Armsworthy
(b) Address 2736 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 4 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1943, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942, to June 3 1943, and that I last saw her alive on June 1 1943.

Immediate cause of death
Caput st. ovary - metastases
to pancreas
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 9 mos

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nancy D. McCarty
Address 87 W. Preston St Date signed 6-5-43

VS 250

Every item of information should be carefully supplied, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 04933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 04933 Registered No. 820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 S. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Simms

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1904

8. AGE: Years	Months	Days	If less than one day
39	2	16	hr. min.

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Spriggs
13. Birthplace Anne Arundel Co.

MOTHER
14. Maiden Name Margaret Johnson
15. Birthplace Anne Arundel Co.

16 (a) Informant Dorothy Branch
(b) Address 218 S. Fremont.

17 (a) Burial (b) Date thereof June 4 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A A Co Maryland

18 (a) Funeral director Joseph L Brown Sons
(b) Address 1080 Montgomery Street

19 (a) (Date received by registrar) JUN 3 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30, 1943 to May 31 1943 and that I last saw h[illegible] alive on May 31 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Unknown	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert W. Gaines M. D.

Address 660 W. Barre St Date signed 6/3/43

G 04934 ✓ G 04934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Pinkney Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Pinkney Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE M. LANGFELD.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 216-01-8301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Renee S. Langfeld
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1882.

8. AGE: Years	Months	Days	If less than one day
61	3	13	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Executive: Dept. Store.
11. Industry or business

FATHER
12. Name Meyer Langfeld,
13. Birthplace Philadelphia,

MOTHER
14. Maiden Name Carrie Kohn,
15. Birthplace Lynchburg, Va.

16 (a) Informant Mr. I. Kohn,
(b) Address 6902 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Sama Sonnenschein's Son
(b) Address 1902 Eutaw Place.

19 (a) [illegible] (b)
Date rec'd by registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd. 1943, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1922 to June 2 1943, and that I last saw him alive on June 2 1943.

Immediate cause of death Thrombosis coronary artery — Duration 1a. 10 yrs.
(a)
Due to
(b)
Due to
(c)
Other Conditions Previous attacks Same condition
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Austrian M. D.
Address 1417 Eutaw Place. Date signed 6/2/43

Huntington Williams, M.D. Registrar

Austrian

04935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 04935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2634 mc. Cleary
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2634 Mc Elderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius C. Helmer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Amelia Breinlich
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 28. 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	10	4		

9. Birthplace Taylor Germany (Town, county, and state)
10. Usual Occupation tailor
11. Industry or business

FATHER
12. Name Godfrie Helmer.
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Oscar C. Helmer.
(b) Address 1820 Harford ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11. 1943 (month) (day) (year)
(c) Cemetery or crematory Westfirm
Location Balto. Md.

18 (a) Funeral director Wm J Tuckner & Sons
(b) Address N & Pk ave.

JUN 3 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943. at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to June 2 1943, and that I last saw h~~im~~ alive on June 1 1943.

Immediate cause of death	Duration
uraemia	4 days
Due to cerebral hemorrhage	3 mos.
Due to arterio-sclerosis	2 mos
Other Conditions uraemia.	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. C. Schibel M. D.
Address 447 N. Kenwood Ave Date signed 6/5/43

VS 3

G 04936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

G 04936 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave and Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Elizabeth B. Ross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) March 4, 1870

8. AGE: Years	Months	Days	If less than one day
73	2	~~3~~ 28	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Sinclair
13. Birthplace Balto Md

MOTHER
14. Maiden Name Madaline Laingdale
15. Birthplace Balto. Md.

16 (a) Informant Mrs B. Ross
(b) Address 3108 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 7 1943 (Registered by Registrar) (by) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-43 19 at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1943 to 6-2- 1943, and that I last saw her alive on 6-2-43 19

Immediate cause of death Embolism
Central Vascular accident

Due to C.V.D

Due to Post-operation shock

Other Conditions Release of intestinal obstruction
(Include pregnancy within 3 months of death)

Date of operation 5-31-43

Major findings of operation: Intestinal obstruction

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas C. Webster M. D.
Address Maryland Gen. Hosp. Date signed 6-3-43

G 04937 EJ-12638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04937 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs., 9mos., 9days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1909

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 N. Lanvale Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Baxter.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Columbus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	21	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Sanford Duff
13. Birthplace Virginia

MOTHER
14. Maiden Name America Hall
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5/43 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City, Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Edmondson Ave. Huntington Williams, Mgr.

19 (a) (b) Registrar

JUN 9 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1943, at 12-00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 6-2 1943, and that I last saw h[illegible] alive on 6-2 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 4 days
Due to: Gen. arteriosclerosis — 2 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-4-43

G 04938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 04938 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 W 37th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 W 37th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Sigler.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-2601

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Clarence R. Sigler
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1884

8. AGE: Years	Months	Days	If less than one day
59	4	12	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Shirt Operator.
11. Industry or business Knotting Bros.

FATHER
12. Name Wm. J. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Nace.
15. Birthplace Md.

16 (a) Informant Clarence R. Sigler
(b) Address 1431 W 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chenoweth & Sonner
(b) Address 615-17 Chestnut Ave.

19 (a) 6/3/43 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to June 1 1943, and that I last saw her alive on June 1-43

Immediate cause of death Myocardial failure

Due to Recurrent Carcinoma

Due to Left breast, mets

Other Conditions Pneumonia, right lung

(Include pregnancy within 3 months of death)

Date of operation March 41

Major findings of operation: Carcinoma Breast

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature
Address 342 9 Chas St Date signed 6/3/43 M. D.

G 04939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 04939
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Huntingdon Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Moore, Walter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-73

8. AGE: Years	Months	Days	If less than one day
69	11 10	10 21	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Moore, Charles Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Howard, Caroline
15. Birthplace Maryland

16 (a) Informant Rachael S. Shipley
(b) Address 2922 Huntingdon Ave
17 (a) Burial (b) Date thereof June 4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Elderslie Ave
19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29-1943, to 6-1-1943, and that I last saw h[illegible] alive on 6-1-1943.

Immediate cause of death Cerebral Thrombosis — Duration 4 days
Due to Generalized & Cerebral Arterio Sclerosis — Duration 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Isabella Hannon M. D.
Address Church Home & Hospital Date signed 6-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. USE FOUNTAIN PEN AND WRITING INK.

G 04940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √119a

Registered No. G 04940

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR WRITE WITH UNFADING INK. Every item of information should be carefully supplied and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert
(c) Hospital or institution: Union Memorial 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3632 Malden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Margaret Hubbs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1942

8. AGE: Years	Months	Days	If less than one day
	9	16th	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Earl Ashby Hubbs.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Lohmeyer
15. Birthplace Baltimore Co., Md.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location, town Hampden

18 (a) Funeral director Ehrenfried & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 5:32 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 2 1943, and that I last saw her alive on June 2 1943.

Immediate cause of death Septicemia — Duration

Due to Broncho-pneumonia — Hours.

Due to

Other Conditions Non-specific Diarrhea
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen Bowie
Address Union Memorial Hosp. Baltimore, Md. Date signed 6/2/43

G 04941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 B

G 04941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sanders Glenda

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Leonard S
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Althea Bishop
15. Birthplace N. C.

16 (a) Informant Leonard Sanders
(b) Address 1023 N. Eutaw St.

17 (a) Burial (b) Date thereof June 5, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUN 3 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1943, at 8:37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2 1943 to 6-2 1943, and that I last saw h[illegible] alive on 6-2 1943

Immediate cause of death	Duration
Oedema of brain	14 hours
Due to Encephalitis ?	18 hours
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: /
of autopsy: Oedema of brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? / While at work? /
(Specify type of place)
(e) Means of injury /

23. Signature Everett Stowell, M.D.
Address University Hospital Date signed 6-2-43 M. D.

Body released by Chief Medical Examiner

G 04942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

G 04942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Spivey
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 17, 1899

8. AGE: Years	Months	Days	If less than one day
44	1	16	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Major Spivey
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Spivey
15. Birthplace North Carolina

16 (a) Informant Mary Spivey
(b) Address 1001 Penna. Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
19 (a) [illegible] Washington Undertaking Co. (Date rec'd by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943, at 6.10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1943 to June 2 1943, and that I last saw him alive on June 1 1943.

Immediate cause of death Cirrhosis of Liver — Duration
Due to Hypertensive Cardio vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Martin W. Kropp Jr. M.D.
Address Md. Gen. Hosp. Date signed 6/2/43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH UNFADING INK.

G 04943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04943 Registered No. 1314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Joseph's Hosp.
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 W 88th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Rovinger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Rovinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61 yrs.			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Ret. Manager
11. Industry or business

FATHER
12. Name Harris M. Rovinger
13. Birthplace Russia

MOTHER
14. Maiden Name Belle Rubin
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Removal (b) Date thereof 6-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New York, N.Y.
Location

18 (a) Funeral director Jack Levine Inc
(b) Address 4398 E. Balto. St

19 (a) JON[illegible] (Date rec'd by reg.) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1943 to June 3 1943 and that I last saw h[illegible] alive on June 3 1943.

Immediate cause of death	Duration
Uraemia	
Due to Chronic Nephritis	
Due to Hypertension & Arteriosclerosis	
Other Conditions Coronary Occlusion	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Hyperacht M.D.
Address St Joseph's Hosp. Date signed 6-3-43

VS 8

Please answer all questions. The information should be carefully supplied. The data are especially important. Physicians: please write the causes of death clearly and legibly.

G 04944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

G 04944 Registered No.

The correct age is especially important. Physicians; please write the causes of death clearly and legibly. Every item of information should be carefully ... TYPEWRITER, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2424 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Presbury St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Coplan

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-4222

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10

8. AGE: Years 33 | Months | Days | If less than one day hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)

10. Usual Occupation ~~Home~~ Book Keeper

11. Industry or business

FATHER 12. Name Julius Coplan
13. Birthplace Russia

MOTHER 14. Maiden Name Rebecca Ashew
15. Birthplace Russia

16 (a) Informant Julius Coplan
(b) Address 2424 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-43 (month) (day) (year)
(c) Cemetery or crematory Druedale
Location

18 (a) Funeral director Joe Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) JUNE 3 — 1943 (Date received by registrar)
Huntington, West Virginia, M

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3-1943 at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941, to June 3 1943, and that I last saw her alive on June 3 1943.

Immediate cause of death Cardiac Insufficiency — Duration 1 year

Due to Rheumatic Heart Disease, Mitral Stenosis & Insufficiency — 10 years

Due to Aortic Stenosis & Insufficiency, Cardiac Hypertrophy & Dilatation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Shepherd Cooper
Address 2107 Park Ave Date signed 6/3/43 M D

G 04945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193D

Registered No. G 04945

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2716 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Parkwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moritz Stern

3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Germany (Town, county, and State)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name —
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant M. Baer
(b) Address 2716 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory New Cheverly
Location

18 (a) Funeral director Joe Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) (Local registrar) (b) Registrar
Date received JUN 3 1943
Huntingtown Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941 19 to 6/2 19 43
and that I last saw h[illegible] alive on 6/2 19 1943

Immediate cause of death: Heart failure — Duration

Due to: Hypertensive Cardiovascular disease and arteriosclerosis

Due to:

Other Conditions: Cerebral sclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kurt Leas M. D.
Address 2301 Eutaw Pl Date signed 6/3/43

G 04946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

~~G 04946~~

Type or print in ink. Every item of information should be carefully supplied. UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Quantico Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BEULAH KARHOFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	married

6 (b) Name of husband or wife Harry Karhoff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hyman Bass
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Louis Handelman
(b) Address 4224 Lyndale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location

18 (a) Funeral director Jos Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date received) JUN 2 1943 Huntington, W. Va. (Registrar) M. D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1943, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1943 to 6/2 1943, and that I last saw h-r alive on 6/2 1943.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Pneumonia	
Due to	
Other Conditions Hypertension, Cerebral accident (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Huntington, W. Va. Date signed 6/2/43

G 04947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1830

G 04947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Cole St.
(c) Hospital or institution:

19-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Cole St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Biden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. Biden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	20	hr. min.

9. Birthplace Anne Arundel County, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Mr. Griffith
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Lester C. Randle
(b) Address 405 S. Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1945 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Willis Lawrence
(b) Address 1005 W. Baltimore St.

19 (a) JUN 3 - 1945 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1945, 6.25A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1943 to 6/2 1943 and that I last saw her alive on 6/2 1943

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to

Due to

Other Conditions Cerebral Embolism — Duration 2 hrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens Ave. Date signed

VS 3

04948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20 F

G 04948
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months & 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Hollins Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rita Messick Rita Jean Messick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/14/42

8. AGE: Years | Months: 5 | Days: 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Isaac James Messick
13. Birthplace Salisbury Maryland

MOTHER
14. Maiden Name Elsie J. Williams
15. Birthplace Pocomoke Maryland

16 (a) Informant Elsie Messick
(b) Address 1030 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. Allen Lamond
(b) Address 1005 N. Baltimore St.

19 (a) JUN 3 – 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1/ 1943 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/ 1943 to 6/1/ 1943 and that I last saw h alive on June 1, 1943

Immediate cause of death: Cardio-Respiratory failure
Due to Congenital Lues
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Davis, Jr. M.D.
Address Mercy Hospital Date signed 6/2/43

VS 189

Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

G 04949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

Registered No. G 04949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 E. Federal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert F. Snouffer

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9134

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Beatrice Snouffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13 - 1912

8. AGE: Years 30 Months 5 Days 16/17 If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, or state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Benjamin F. Snouffer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Celia Shipley
15. Birthplace Balto. Md.

16 (a) Informant Beatrice Snouffer
(b) Address 2137 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John F. Miller
(b) Address 2334 Gilmore St.

19 (a) 6/2/43 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1943, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to 5/30 1943, and that I last saw him alive on May 15 1943.

Immediate cause of death
Chronic Glom. Nephritis
Hypertension

Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evl Smith

Address 122 3 E. Madison Date signed 6/6/43 M.D.

VS 3

G 04950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 91

G 04950 Registered No.

Please answer questions in ink and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1540 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1540 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth A. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John W. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22 - 1873

8. AGE: Years	Months	Days	If less than one day
69	9	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John F. Miller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie M. Heubner
15. Birthplace Balto. Md.

16 (a) Informant John Smith
(b) Address 723 N. Port St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Rd.

18 (a) Funeral director John G. Miller
(b) Address 2034 Pennsylvania Ave.

JUN 3 - 1943 (Date rec'd by registrar) (b) Arlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1943, to 6/1 1943, and that I last saw her alive on 6/1, 1943.

Immediate cause of death Coronal Thrombosis — Duration 5/25 to 6/1

Due to (a)

Due to

Other Conditions Carcinoma Anterior mediastinum — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert G. Logemann, M. D.
Address 1445 N. Gay St. Date signed 6/1/43

VS 3

04951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G 043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lillian C. Wick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29 - 1894

8. AGE: Years	Months	Days	If less than one day
48	6	2	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name John W. Smith
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Lillie Mary Griffith
15. Birthplace Wash. D. C.

16 (a) Informant George C. Wick
(b) Address 2119 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Lefevre
(b) Address 2101 Frederick Ave.

19 JUN 2 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1943, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1943 to 6/1 1943 and that I last saw her alive on 5/31 1943.

Immediate cause of death Adenocarcinoma of Uterus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ellen Laughlin M. D.
Address 400 N. Payson St. Date signed 6/1/43

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G 04952

BALTIMORE CITY HEALTH DEPARTMENT

AB-80564

CERTIFICATE OF DEATH

186a

Registered No. G 04952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Ijams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5-1874

8. AGE: Years 68 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Maryland
On Peninsula (City, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George P Carle
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Diffenbaugh
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave

19 JUN 3 - 1943 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1943, at 3 0'clock P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1943 to 6-1 1943, and that I last saw her alive on 6-1 1943

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Arteriosclerosis C.V.D.

Due to

Other Conditions Intertrochanteric fracture right — Duration 1 week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/23/43 at M
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell down steps

23. Signature J. Henry Harlan
Address Balto. City Hosp. Date signed 6-2-43

Robert Lee Graham M.D.

I HEREBY CERTIFY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 04953 — 109 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Palmer Ave 4914
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4914 Palmer Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vivian L. Litsinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1928

8. AGE: Years 15 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. City Maryland. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Warren Litsinger
13. Birthplace Maryland

MOTHER
14. Maiden Name Hilda Haines
15. Birthplace Maryland.

16 (a) Informant Mr. Warren Litsinger
(b) Address 4914 Palmer Ave. City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory Bethel Church of God
Location Winfield, Carroll Co. Md.

18 (a) Funeral director C. M. Walts
(b) Address Winfield. Md.

19 JUN 5 1943 (b) Huntington Williamsport

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943. 10:41 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 43 to June 19 43, and that I last saw her alive on June 2 19 43

Immediate cause of death Chronic Empyema — Duration

Due to (over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Empyema
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester B. Keen
Address 704 Rugby Rd Date signed 6/8/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 04954 BURTON G 04954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4708 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4708 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara E. Burton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1859

8. AGE: Years	Months	Days	If less than one day
83	6	26	hr. min.

9. Birthplace Balto Co (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph G. Burton
13. Birthplace Balto Co

MOTHER
14. Maiden Name Cassandra Ford
15. Birthplace Harford Co

16 (a) Informant family
(b) Address 4708 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co

18 (a) Funeral director Leonard J. Rock
(b) Address 5305 Harford Rd.

19 JUN 2 1943 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to May 31 1943 and that I last saw [illegible] alive on May 30 1943.

Immediate cause of death Carcinoma of stomach — Duration

Due to — Duration

Due to — Duration

Other Conditions Generalized arteriosclerosis — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson

Address 4808 Harford Rd. Date signed 6/1/43

If age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 129

G 04955 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400- N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Baldwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN E. DUNKEL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Rose Frances Dunkel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1876

8. AGE: Years	Months	Days	If less than one day
66	11	17	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name John A Dunkel
13. Birthplace Md

MOTHER
14. Maiden Name Sadie E. Stipe
15. Birthplace Md

16 (a) Informant Mrs Rose Frances Dunkel
(b) Address 732 E. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J Rock
(b) Address 1727 Edmondson Ave

19 (a) JUN 3 1943 (Date rec'd by registrar) (b) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-1943, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28-1943 to 6-2-1943 and that I last saw h[illegible] alive on 6-2-1943.

Immediate cause of death Generalized peritonitis — Duration 5 days
Due to
Due to Cancer
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Ballena
Address St. Joseph's Hosp. Date signed 6/3/43 (M. D.)

VS 3

G 04956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 04956 Registered No.

Type or print clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1326 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Dohmer (JOHN DOHMER)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Nov. 10 1871

8. AGE: Years 71 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace Frederick Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Rose Dohmer
(b) Address 4712 Hazlewood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7. 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) Date received by Registrar JUN 8 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943 to June 2, 1943, and that I last saw him alive on June 1, 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to Hypertensive Cardio-Vascular Renal Disease — Duration 4 Mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Bridge M. D.
Address 1331 E North Ave Date signed

(over)

G 04957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8/10

G 04957 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. USE INDELIBLE INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 W. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ralph Ruth

3 (b) If veteran, name war

3 (c) Social Security Account No. 299-16-2627

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-23

8. AGE: Years	Months	Days	If less than one day
(21) 20	4	4	hr. min.

9. Birthplace Ky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Ruth
13. Birthplace Ky

MOTHER
14. Maiden Name Ond Bundy
15. Birthplace Ky

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/43 (month) (day) (year)
(c) Cemetery or crematory Bundy Wayland
Location Cattonsville, Md

18 (a) Funeral director Chas. P. Mitchell Woodlawn
(b) Address 1901 Eutaw Place

19 JUN 5 1943 (Date rec'd by Registrar) (b) Signature Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 7 A. M 40

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1943 to June 1 1943 and that I last saw [illegible] alive on June 1 1943

Immediate cause of death: Meningitis — Pneumococci Type IX
Bacteriemia — Pneumococci Type IX
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson Guthrie M. D.
Address Johns Hopkins Hosp Date signed 6/1/43

G 04958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04958

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5926 Eastern Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5926 Eastern Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Sisolak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John Sisolak

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 1877

8. AGE: Years	Months	Days	If less than one day
69	10	10	hr. min.

9. Birthplace Vienna (Town, county, and state)

10. Usual Occupation

11. Industry or business housewife

FATHER

12. Name Don't know

13. Birthplace

MOTHER

14. Maiden Name Don't know

15. Birthplace

16 (a) Informant Mrs Helen Shhumann

(b) Address 5926 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004 Orleans

19 (a) (Date received by registrar) JUN 3 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at 1 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1941 to May 31 1943 and that I last saw h alive on May 31 1943

Immediate cause of death Cerebral Hemorrhage — Duration 2

Due to

Due to arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hubert L Vahlsing M. D.

Address 732 N Monroe Date signed June 4 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

435133 G 04959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04959 Registered No. 13 B

Every item of information should be carefully supplied. Use UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Eager (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK Sott (SHOTT)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-75

8. AGE: Years	Months	Days	If less than one day
67	10	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name FRANK Scott
13. Birthplace Bohemia

MOTHER
14. Maiden Name MARY
15. Birthplace BOHEMIA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach Son
(b) Address 900 N. Chester St

19 (a) (Date rec'd by registrar) (b)

JUN 3 - 1943

Interim for Williams Hopkins

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1943 to June 1 1943 and that I last saw h[illegible] alive on June 1 1943.

Immediate cause of death: Pulmonary tuberculosis, cavitation RUL — Duration

Due to

Due to

Other Conditions Emphysema Benign prostatic hypertrophy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirms

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Zbanthin
Address Johns Hopkins Date signed 6/1/43

G 04960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04960 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Leonardtown
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME James Walter Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 1878.

8. AGE: Years	Months	Days	If less than one day
64	8	2(?)	— hr. — min.

9. Birthplace Leonardtown St. Mary's, Md.
(Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business

FATHER
12. Name John H. Dorsey.
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Emmons
15. Birthplace Md.

16 (a) Informant Phia B. Robinson
(b) Address Dameron. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory
Location Leonardstown, St. Mary Co., Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 — 1943 Huntington Williams M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1943, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1943, to June 3 1943, and that I last saw h[illegible] alive on June 3, 1943.

Immediate cause of death Cardio - Resp. Failure.
Due to Carcinoma of the Small Intestine.
Due to
Other Conditions Metastasis to Lungs
(Include pregnancy within 3 months of death)
Date of operation May 15, 1943
Major findings of operation: Carcinoma of Duodenum
of autopsy:

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand Payne Lee
Address Mercy Hospital Date signed 6/3/43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 0 961 — 119a — G [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 27 +

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 53 E. Randall St. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME William J. Elliott

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 6 1943

8. AGE: Years	Months	Days	If less than one day
—	4	25	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant at Home
11. Industry or business

FATHER
12. Name William J. Elliott
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Gloria M. Pollack
15. Birthplace Baltimore Md.

16 (a) Informant Wm J. Elliott (Father)
(b) Address 53 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 N. Charles St.

19 (a) [illegible] (b) [illegible]

JUN 4 1943 — 188 — Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1943, at 11:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943, to June 1 1943, and that I last saw him alive on June 1 1943.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Acute Enteritis	10 days
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. Slamon. M. D.
Address Halethorpe, Md. Date signed 6/4/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

04962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04962
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Market.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss anna L. Beckley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1878

8. AGE: Years	Months	Days	If less than one day
64	5	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Candy Business
11. Industry or business

FATHER
12. Name Constantine Beckley
13. Birthplace Maryland

MOTHER
14. Maiden Name Cornelia Koontz
15. Birthplace Maryland

16 (a) Informant Mrs. D. Y. Davis
(b) Address 25 S. Market, Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)
(c) Cemetery or Crematory Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) JUN 4 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1943 to June 3 1943 and that I last saw h alive on June 3 1943.

Immediate cause of death Cardio-respiratory failure — Duration 4 hours

Due to Malignant tumor neck (Ca?)

Due to Lobar pneumonia

Other Conditions Chronic hypertension cholecystitis & stone
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Known above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion F. Achenbach M.D.
Address Mercy Hospital Date signed 6/4/43

VS 150

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 04963 Registered No.

PRINT CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 55 S Monastery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 55 S Monastery Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G Stegman

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 1893

8. AGE: Years 49 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Andrew Stegman
13. Birthplace Germany

MOTHER 14. Maiden Name Mary E Shroyer
15. Birthplace Maryland

16 (a) Informant Mary E Stegman
(b) Address 55 S Monastery

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (Month) (Day) (Year)
(c) Cemetery or crematory Lochearn
Location Baltimore Md

18 (a) Funeral director Geo A Embry
(b) Address Fulton & Forrest

19 (a) Date received JUN 3 1943 (b) Huntington Williams, M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1943, at 8:36 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1943 to June 2 1943 and that I last saw h/ alive on June 1 1943

Immediate cause of death Hypertensive Heart disease — Duration

Due to

Due to

Other Conditions Complete prophylaxis for 11yrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Callens M. D.
Address 332 Frederick Ave Date signed 6-2-43

G 04964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

Registered No. G 04964

The registrar WRITES PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 N Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 N Lafayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Laura Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-18-1867

8. AGE: Years 76 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

MOTHER / FATHER

12. Name Joseph W Thompson

13. Birthplace Va

14. Maiden Name Margaret Sample

15. Birthplace Md

16 (a) Informant Laura Thompson

(b) Address 1014 N. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)

(c) Cemetery or crematory Arlington

Location

18 (a) Funeral director Sam'l M Shuster Son

(b) Address 638 N. Fulton Ave

19 (a) JUN 4 - 1943 (Registered) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-43 19 at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-43 19 to 6-1-43 19 and that I last saw him alive on 6-1-43 19

Immediate cause of death	Duration
Mitral Insufficiency	?
Due to Arterio-Sclerosis	
Due to Heart Disease	?
Other Conditions -	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: -

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cath Maloney

Address 57 Winters Lane Date signed 6/3/43 M. D.

VS 250

04965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 04965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 N. Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N. Ellwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Hartman

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 26 1896

8. AGE: Years 46 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name GEORGE HARTMAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant NETTIE HARTMAN (EX. WIFE)
(b) Address 3137 Fait Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 4/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. Wolfe St. Huntington Williams, M.D.

19 (a) JUN 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1943, at 7 30 P.M

21. I certify that I took charge of the remains described above, held an inspection + Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Chronic (Fibroid) Pulmonary Tuberculosis

Other Conditions Bronchitis Ulcer, chronic.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-2-43

VS 181

G 04966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 04966

PRINT IN WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 E. Fairmont ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 E. Fairmont
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kattie Geles

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

MOTHER / FATHER

12. Name Schmuck Kates

13. Birthplace Russia

MOTHER

14. Maiden Name Celia Kates

15. Birthplace Russia

16 (a) Informant Meyer Cohen

(b) Address 1802 E. Fairmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-43 (month) (day) (year)

(c) Cemetery ~~co-operative~~ Lehrer Burial

Location Mt Carmel

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) JUN 4 1943 (b) Huntington Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3 1943, at 1215 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1943, to June 3rd 1943, and that I last saw her alive on June 3rd 1943.

Immediate cause of death Acute Cardiac dilation

Due to Arterio sclerosis

Due to Hypertensive C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary E. Dove M. D.

Address 11 E Biddle St Date signed 6-3-43

Morgue

G 04967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 04967

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marco Milicich or Mike Melike

3 (b) If veteran, name war —

3 (c) Social Security Account No. 204-01-0576

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Pipe Fitting Helper

11. Industry or business Bethlehem-Fairfield

MOTHER | FATHER

12. Name not known

13. Birthplace Russian

14. Maiden Name not known

15. Birthplace Russian

16 (a) Informant E. Stanko.

(b) Address 1634 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-43 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Anne Arundel County

18 (a) Funeral director John A. Strehlaneck Jr.

(b) Address 423 E. Baca St

19 JUN 4-1943 (Date rec'd by registrar) (b) Huntington Williams, M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1943, at 9 10 P M

21. I certify that I took charge of the remains described above, held an Inquest & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchial pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed May 29 1943.

VS 151

Write the causes of death clearly and legibly.

04968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 04968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Fremont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: John E. Volkman

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None 212-12-2058

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1878

8. AGE: Years 65 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name William Volkman
13. Birthplace German

MOTHER
14. Maiden Name Elizabeth Listman
15. Birthplace Germany

16 (a) Informant Walter W. Tompkins
(b) Address 3036 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-43 (month) (day) (year)
(c) Cemetery or crematory First Ger. U. Ev. Church
Location O'Donnell St. Baltimore

18 (a) Funeral director Hendrickson & Lobe
(b) Address 1200 W. Lombard St.

JUN 4 - 1943 (Date rec'd by Registrar) (b) Hilton for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943, at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1943 to 6/2 1943 and that I last saw h[illegible] alive on 6/2 1943

Immediate cause of death: Acute Cardiac Failure — Duration 1 Hr.
Due to: Chronic Cardio Vascular Renal Disease — Duration yrs.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? at M (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lawrence M. D.
Address 67 Washington Blvd Date signed 6/5/43

WHITE PAPER, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1200-c

G 04969 ✓ G 04969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 52 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 E. Fort Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Lorenz

(a) Residence: No. 1022 E. Fort ave St., 24-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lorenz

6. DATE OF BIRTH (month, day, year) April 22 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Anton Ullmann

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Pauline Krapf

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph L Lorenz

(Address) 1022 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Q.A. Date June 7 1943

19. UNDERTAKER Flynn & Fleming

(Address) 1421 Light St

20. FILED JUN 4 1943 19 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1943

22. I HEREBY CERTIFY, That I attended deceased from June 3 1943 to June 3 1943

I last saw he alive on June 2 1943 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	1941

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F F A Stevens M. D.

(Address) 2815 Harford Rd

V. S./3

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

G 04970 D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 04970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Flavia Frances Maguire

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/1898

8. AGE: Years 44 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Pennsylvania (Bryn Mawr)
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John R. Maguire
13. Birthplace Pennsylvania (Phila)

MOTHER
14. Maiden Name Mary J. Pierce
15. Birthplace (Wm Chester) Pennsylvania

16 (a) Informant Mrs. James M. Boyle, sister
(b) Address 3303 Guilford Ave.

17 (a) Burial (b) Date thereof 6/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) JUN 7 1943 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

:45

20. DATE OF DEATH June 3 1943 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943 to June 3 1943 and that I last saw her alive on June 2 1943

Immediate cause of death Cardio-respiratory failure — Duration

Due to Coronary artery thrombosis

Due to Malignant hypertension

Other Conditions about 15 yrs. duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James McC. Finney M. D.
Address Union Memorial Hosp. Date signed 6-3-43

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT PLAINLY, WITH UNFADING INK.

B 04971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 04971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2961 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2961 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY A. KUHLEMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife August H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/13/1859

8. AGE: Years	Months	Days	If less than one day
83	6	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Thomas
13. Birthplace England

MOTHER
14. Maiden Name Jane Gilbert
15. Birthplace U. S. A.

16 (a) Informant Mr. Bradley McCoy
(b) Address 406 Rossiter Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 4 — 1943 (Date rec'd by reg.) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 2, 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to 2 June 1943, and that I last saw h[illegible] alive on 2 June 1943.

Immediate cause of death	Duration
Carcinoma of Breast	5 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address [illegible] Date signed 3 June 43 M.D.

VS 150

G 04972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

G 04972 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3816 Ridgewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Ridgewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES W. DeVILBISS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret A. DeVilbiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/12/1893

8. AGE: Years	Months	Days	If less than one day
49	11	19	hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles A. DeVilbiss
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Kathryn Fowler
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. M. A. DeVilbiss
(b) Address 3816 Ridgewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Valley Cem.
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Westminster, Md.

19 (a) JUN 2 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1943, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1943, to 6/1 1943, and that I last saw h[illegible] alive on 6/1 1943.

Immediate cause of death Pneumonia
Due to Coronary Thrombosis
Due to
Other Conditions Hypertensive Cardiovascular Renal Disease
(Include pregnancy within 3 months of death)

Duration
5/31/43
5/28/43
5 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert S. Langenmire M. D.
Address 1448 N. Gay St. Date signed 6/2/43

VS 250

CORRECT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 04973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 04973
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine M. Foy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hugh H.

6 (c) If alive, give age 80

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1862

8. AGE: Years 62 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name? Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Family
(b) Address 914 E. Poplar Grove

17 (a) B. (b) Date thereof 6/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Edmondson Ave

18 (a) Funeral director J. L. McEvoy
(b) Address 30 E. Fayette St

19 (a) JUN 4 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 11:25 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage

Due to hypertensive cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 3rd 1943

(over)

VS 151

BALTIMORE CITY HEALTH DEPARTMENT — Registered No. X G 042979

CERTIFICATE OF DEATH

971 — 146c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Rayner Ave & Dukeland St.

(c) Hospital or institution: West Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County: Baltimore

(c) City or town: B. Idlewylde

(If outside city or town limits, write RURAL and give town)

(d) Street No.: 1021 Overbrook Rd

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3 (a) **FULL NAME** Mrs. Marie M. Brewer

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Donald W. Brewer

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): August 15, 1906

8. AGE: Years	Months	Days	If less than one day
37	9	18	— hr. — min.

9. Birthplace: Owings Mills, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Joshua Raver

13. Birthplace: Md.

MOTHER

14. Maiden Name: Emma Dearholt

15. Birthplace: Md.

16 (a) Informant: Donald W. Brewer

(b) Address: 1021 Overbrook Rd., Idlewylde, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 5, 1943 (month) (day) (year)

(c) Cemetery or crematory: Grace Meth. Cem.

Location: Chestnut Ridge, Balto. Co., Md.

18 (a) Funeral director: John Burns' Sons

(b) Address: Towson, Maryland

19 (a) [illegible] — 1943

Registrar

VS 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1943 to 6/2 1943 and that I last saw h-- alive on 6/2 1943.

Immediate cause of death: Post Partum Hemorrhage → Duration: 2 hours

Due to: Atony of the Uterus

Due to: Pathosis Uteri

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: L. V. Tompkins

Address: W. Balto. Md. Date signed: 6/3/43

G 04975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 04975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4306 Rugby Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4306 Rugby Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Ainsworth Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband~~ wife Helen S. Parker (nee Stockton) 6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct. 1. 1874

8. AGE: Years	Months	Days	If less than one day
68	8	1	hr. min.

9. Birthplace Albany N.Y. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name Henry Ainsworth Parker

13. Birthplace Philadelphia -

MOTHER 14. Maiden Name Mary Seabury

15. Birthplace New York

16 (a) Informant Helen S. Parker

(b) Address 4306 Rugby Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Henry McCutchin Undertaking Co

(b) Address 20 E Cold & Orchard Sts

19 (a) (b) Huntington Registrar

JUN 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1943, to June 2 1943. and that I last saw h/ alive on June 2 1943.

Immediate cause of death Carcinoma - Prostate

Duration

Liver & Spine

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 20-43

Major findings of operation as above

of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Hallon A Baetjer M.D.

Address 1115 St Paul St Date signed 6/3/43

G 04976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 B

G 04976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Emma Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1881

8. AGE: Years: 62 | Months: 3 | Days: - | If less than one day: hr. min.

9. Birthplace Goldsboro N. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Bector
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Mary ?
15. Birthplace N. Carolina

16 (a) Informant Cora Reed
(b) Address 1040 McDonough St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Fredericksburg, Md.

18 (a) Funeral director Mrs. Robert G. Elliott
(b) Address 1129 N. Carolina St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 4 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943. 1050 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943. to 6-2 1943 and that I last saw h[illegible] alive on 6-1 1943

Immediate cause of death: Gastric Carcinoma — Duration: 3 Mos. Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1505 E. Madison St Date signed 6/3/43 M. D.

Rayner Browne

G 04977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 04977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Bruce St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Bruce St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Dennis Crowner

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	M

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1891

8. AGE: Years	Months	Days	If less than one day
51	5	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name Anne Snowden
15. Birthplace ?

16 (a) Informant Emma Crowner
(b) Address 1413 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. B. Kelso
(b) Address 1303 Pressman St

19 (a) JUN 4 - 1943 (Date rec'd by Registrar) Huntington Williams (b) Address 360 Lanvale St

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1943 to June 1 1943 and that I last saw him alive on June 1 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Hypertension Chronic Nephritis
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. N. Pifer M.D. Address 360 Lanvale St Date signed 6/4/43

VS 8

Important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 04978

CERTIFICATE OF DEATH 107

G 04978

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 N. Stockton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Muse

If U. S. Veteran specify WAR

(a) Residence: No. 1346 N. Stockton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Muse

6. DATE OF BIRTH (month, day, year): Aug 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Prussia

FATHER

13. NAME: David Muse

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Alice Penn

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Robert Muse

(Address): 1346 Stockton St

18. BURIAL, CREMATION, OR REMOVAL: Place Northumberland Co. Va. Date 6/3 - 43 19

19. UNDERTAKER: Leo F. Kelson

(Address): 1303 Pennsylvania Ave

20. FILED [redacted] 4 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 30 1943 to June 2 1943

I last saw him alive on June 2 1943 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
bronchopneumonia	5-29-43
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. S. Compher M. D.

(Address) 1 2 C Mr. Carey St

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

G 04979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C

G 04979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 Park Ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 4
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Park Ave (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME Chin Du Sang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Chinese	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace China (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Don't know
13. Birthplace China

MOTHER
14. Maiden Name Don't know
15. Birthplace China

16 (a) Informant Chin Quong
(b) Address 312 Park Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart & Mamlo
(b) Address 1st Mt. Vernon Pl.

19 (a) JUN 8 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 1 P.M.

21. I certify that I took charge of the remains described above, held an partial autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bullet wound of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 2nd 1943 ? M.
(b) Where did injury occur? 310 Park Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? No
(d) Means of injury Shot self

23. Signature Robert Lee Fratzer M.D. (Medical Examiner)
Date signed June 3rd 1943

VS 151

Physicians: please write the causes of death clearly and legibly. The

G 04980 Magnu

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1637 Registered No. G 04980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 9W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 E. 20th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Mentz Sparrow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1915

8. AGE: Years	Months	Days	If less than one day
27	9	22 21	hr. min.

9. Birthplace Reisterstown Md
(Town, county, and state)

10. Usual Occupation Secy

11. Industry or business U. S. Public Health

FATHER
12. Name C. Edw. Sparrow
13. Birthplace Canada Penna.

MOTHER
14. Maiden Name Helen T. Mentz
15. Birthplace Frederick, Md

16 (a) Informant Helen M. Sparrow mother
(b) Address 2000 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Md.

18 (a) Funeral director Stewart Mortuary
(b) Address 08 W Fayette St.

19 (a) JUN 4 1943 Huntington Whitman M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 3 20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bichloride of mercury poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 27 1943 ? M.
(b) Where did injury occur? Druid Hill Park
(c) Did injury occur at home, on farm, industrial place, in public place? public park While at work? No
(d) Means of injury Swallowed Bichloride of mercury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed June 3 1943

VS 151

G 04981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 04981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 W. Lafayette ave
(c) Hospital or institution: at home

(d) Length of stay in hospital or inst. (yrs., mos., or days) at home 0 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 W. Lafayette ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Thomas Wagner

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James F. Wagner
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 9 1850

8. AGE: Years 93 | Months 2 | Days 25 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: John C. Thomas
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Jane Buckley
15. Birthplace: New York

16 (a) Informant: Mr. Edgar O. Wagner (son)
(b) Address: 139 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4 43 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore

18 (a) Funeral director: Edward Mann Co.
(b) Address: 108 W. Mt. Ave.

19 (a) JUN 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2/43 19 at 11 55 PM

21. I certify that death occurred on the date above stated that I attended deceased from Oct 1936 to 6/2 1943.
and that I last saw her alive on 6/2/43 19

Immediate cause of death: Myocarditis — Duration: Gradual
Due to: Arteriosclerosis — Gradual
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: W. H. Moody
Address: 1402 Park ave Date signed: 6/3/43 M.D.

VS 150

G 04982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 04982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Wadsworth Ave (Rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Kretschman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-43

8. AGE: Years | Months | Days | If less than one day 14 hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George R Kretschman

13. Birthplace ? Balto Md

MOTHER 14. Maiden Name Mary Shuff

15. Birthplace Balto Md.

16 (a) Informant G. R. Kretschman

(b) Address 2 Wadsworth Ave Arbutus

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 4th 43 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St Paul

Location Violetville, Md.

18 (a) Funeral director John R Kenny

(b) Address 12 N Luzerne Ave Govans, Md.

19 JUN 4 - 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943 to June 3 1943, and that I last saw him alive on June 3 1943

Immediate cause of death: Fetal atelectasis

Due to: premature birth

Due to: (5 months)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred S Garrison M. D.

Address Hg Agnes Hosp Date signed 6-5-43

04983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 ✓

Registered No. G 04983

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3424 Belair Road
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilmer John Deerflein

3 (b) If veteran, name war none

3 (c) Social Security Account No. 216-14-7835

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1923

8. AGE: Years 19 20 | Months 8 - | Days 7 - | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Electrian Helper

11. Industry or business The Glen L. Martin Co.

FATHER
12. Name Jacob Deerflein
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth C. Wendelstedt
15. Birthplace Baltimore, Md.

16 (a) Informant Mr Jacob Deerflein
(b) Address 3424 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd. Balto. Md.

18 (a) Funeral director Wilson & Schilling
(b) Address 3914 S. Hanover St

19 JUN 4-1943 (Date filed by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943 19 ..., at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 42, to June 2 19 43 and that I last saw h[illegible] alive on June 2 19 43

Immediate cause of death Nephrosis — Duration

Due to

Due to

Other Conditions Anasarca

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles A Anderson M. D.
Address 3001 Hanover St Date signed June 4-43

VS 8

Please write the causes of death clearly and legibly.

August 02984

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04984

CERTIFICATE OF DEATH 94a

Registered No. 9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sistek

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-05-8105

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margaret A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4 1904

8. AGE: Years 38 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace 5 (Town, county, and state)
10. Usual Occupation Czechoslavakia
11. Industry or business chipper

FATHER
12. Name Joseph ~~Triner~~ Sistek
13. Birthplace

MOTHER
14. Maiden Name Mary Triner
15. Birthplace

16 (a) Informant Margaret A. Sistek
(b) Address 125 N. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. M. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) JUN 4 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943 at 6 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute coronary thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 3rd 1943.

VS 151

G 04985 ✓ G 04985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1031 clay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 clay St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jesse Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name
13. Birthplace Unk

MOTHER
14. Maiden Name
15. Birthplace unk

16 (a) Informant Stella Johnson
(b) Address 1031 Clay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Signature of registrar) Huntington Williams M.D.

JUN 5 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1943. at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1943. to 6-1 1943 and that I last saw h[illegible] alive on 5/30 1943

Immediate cause of death
Cardio-vascular Renal disease
Due to Hemiplegia

Duration: unk

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams
Address 600 N Eden St Md 6/7/43

G 04986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 04986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 771 Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 771 W Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) Husband Henry Harris Mayes

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1882

8. AGE: Years 60 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Mayesville S. C. (City, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Alfred Mayes
13. Birthplace S.C.

MOTHER
14. Maiden Name Raper
15. Birthplace S.C.

16 (a) Informant Annette Fortune
(b) Address Mayesville S.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs. Katie K. Williams
(b) Address 320 N. Fakwood St

19 (a) Date received by local registrar JUN 7 1943 (b) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943 to May 31 1943 and that I last saw h[illegible] alive on May 31 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 771 W Franklin St Date signed June 2 1943

Important: Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G 04987

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 04987
CERTIFICATE OF DEATH 95 C
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 4
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 W Saratoga St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	C	Widowed

6 (b) Name of husband or wife Charles Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/14/1901

8. AGE: Years	Months	Days	If less than one day
42	-	18	17 hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Domestic

FATHER
12. Name James Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Cherry Lee
15. Birthplace Va.

16 (a) Informant Cherry Lee (Mother)
(b) Address 623 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St

19 (a) JUN 4 - 1943 (Date received by registrar) Huntington Williams, MD

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1943 at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1:30 PM 6/1 1943 to 9:40 PM 6/1 1943.
and that I last saw h[illegible] alive on 6/1 19

Immediate cause of death	Duration
Cardiac decompensation	
Due to ?	
Due to	
Other Conditions Anasarca	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. McMillan M. D.
Address University Hosp. Date signed 6-1-43

G 04988

T.N 79096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 04988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE OR STAMP IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mont
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St Charles Hotel, Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Burt Emmel, or Emmel or Edwin Bowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov, 2, 1860

8. AGE: Years	Months	Days	If less than one day
82	7	2 1	hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Bowman
13. Birthplace Va.

MOTHER
14. Maiden Name Catherine Miller
15. Birthplace Kentucky

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)

(c) Cemetery or crematory
Location Lexington Park

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) 1943 (b) Filed by registrar Howard Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1943 at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1943 to 6-3 1943, and that I last saw him alive on 6-3 1943.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Fracture Rt Hip

(Include pregnancy within 3 months of death)

Date of operation 4-[illegible]-43

Major findings of operation: Fracture Rt - Hip

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental Fall ?
(b) Date of occurrence 4-9-43 at ? M
(c) Where did injury occur? Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? BCH Infirmary While at work? ?
(Specify type of place)
(e) Means of injury Fall — slipped on floor

23. Signature Donald Hoff

Address Balto City Hosp Date signed 6-4-43 M. D.

For B-H-L. Practitioner
Howard J. Williams, M.D.

4

G 04989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 130

G 04989
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Parsons 81578

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1888

8. AGE: Years	Months	Days	If less than one day
55	2	29	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation orderly
11. Industry or business

FATHER
12. Name James
13. Birthplace England

MOTHER
14. Maiden Name Emily Martin
15. Birthplace England

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (month) (day) (year)
(c) Cemetery or crematory
Location S Hamlin Pa

18 (a) Funeral director Wm J Faulmann Son
(b) Address Wood & Pennsylvania Ave

19 (a) JUN 4 - 1943 (b) Huntington Williams M.D.
(Date received) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to May 27 1943 and that I last saw him alive on May 27 1943.

Immediate cause of death

Pulmonary tuberculosis — Duration: 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin S Haste
Address Balto City Hosp Date signed 6/3/43 M.D.

G 04990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04990 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3001 Presbury St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3001 Presbury St., (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank E. Knight

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Winnifred M. Knight

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1860

8. AGE: Years	Months	Days	If less than one day
83	0	32	hr. min.

9. Birthplace Keene, N. Hampshire (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Frederic Knight

13. Birthplace Marlow, N. H.

MOTHER

14. Maiden Name Emily Baird

15. Birthplace Conn.

16 (a) Informant Mrs. Winnifred M. Knight

(b) Address 3001 Presbury St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director D. Howard Strong

(b) Address 3207 W. North Ave.,

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS JUN 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1943 at 2.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to June 3 1943 and that I last saw h alive on June 3 1943

Immediate cause of death Myocarditis + Generalized Arteriosclerosis — Duration 2 indefinite yrs

Due to

Due to

Other Conditions Partial Obstruction Large Bowel

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Nathaniel M Beck M.D.

Address 2727 N. Charles St. Date signed June 4/43

G 04991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 04991

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 E Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beverly P. SEITZ

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/29/1939

8. AGE: Years	Months	Days	If less than one day
3	7	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry Seitz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Grace E. Sells
15. Birthplace Carroll Md

16 (a) Informant Harry Seitz
(b) Address 105 E Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Reisterstown

18 (a) Funeral director William M Mareck
(b) Address 715 Linden Ave Huntington Williamsport, Md.

19 (a) Registrar (b) Registered JUN 4 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1943 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1943 to 6/2 1943 and that I last saw h[illegible] alive on 6/2 1943.

Immediate cause of death Bronchopneumonia due to Convulsive Disorders

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No abnormal.

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Harry Seitz M.D.
Address 213 Light St Date signed 6/2/43

G 04992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 04992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Forrest St.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Forrest St.
(If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Mary Jane Donoho

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Irvin Darius Donoho
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1868

8. AGE: Years	Months	Days	If less than one day
75	4	19	--- hr. --- min.

9. Birthplace Yonkers, New York
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----------

FATHER
12. Name John Donaldson
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine McCordick
15. Birthplace Ireland

16 (a) Informant Mrs. Alice Bannon
(b) Address 1104 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery ~~co-cemetery~~ Baltimore
Location Baltimore, Md.

18 (a) Funeral director H. H. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) [redacted] 1943 Huntington Ave. Baltimore, Md.

VS-116

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to June 3 1943, and that I last saw h[illegible] alive on June 3 1943.

Immediate cause of death: Coronary Sclerosis — Duration: 6 mos.
Due to: Chronic Myocarditis — 5yrs.
Due to: General Arteriosclerosis — ..
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Ayd M. D.
Address 3005 E. Monument St. Date signed 6/4/43

435167

G 04993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 04993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 Moore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Regina E. Nash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-95

8. AGE: Years	Months	Days	If less than one day
48 47	-	3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Ford
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Recorder
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUN 4 1943 (b) Huntington Williams, M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to June 3 1943 and that I last saw h alive on June 3 1943.

Immediate cause of death PERITONITIS, ETIOLOGY undetermined — Duration 2 days

Due to Carcinoma of gall bladder — Duration 1 month

Due to

Other Conditions Cirrhosis of liver

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca. of gall bladder, cirrhosis pertinent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard C.C. Thomsen

Address Johns Hopkins Date signed 6/7/43

VS 150

G 04994 J-81735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 04994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 N. Pearl St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Micheal Reddick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Susie Reddick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27, 1876

8. AGE: Years	Months	Days	If less than one day
66	6	6	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Micheal Reddick
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary ?
15. Birthplace North Carolina

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) [redacted] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943 at 5 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1943 to 6-5 1943, and that I last saw him alive on 6-5 1943.

Immediate cause of death	Duration
Coronary Thrombosis?	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions Diabetis gangrene	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Haas
Address Bayside C. City Hosp. Date signed 6-5-43 M. D.

VS 180

G 04995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04995 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 North Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rural - Catonsville Rt. 5 Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8107 Conkwood Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Coulson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife C. E. Coulson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-8-14

8. AGE: Years	Months	Days	If less than one day hr.	min.
28 29	5-6	26		

9. Birthplace Pittsburgh, Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Jarosik
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Kovachac
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4-43 (month) (day) (year)
(c) Cemetery or crematory Hopewell Va
Location Virginia

18 (a) Funeral director Wiseman Goode Inc
(b) Address 217 S. Eutaw Street Huntington Williams Md.

JUN 4 - 1943
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1943 at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20-1943 to 6-4-1943, and that I last saw her alive on 6-4-1943.

Immediate cause of death	Duration
Uremia	5
Due to Chronic glomerulo-nephritis	5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Golabey M. D.
Address Church Home & Hospital Date signed 6/4/43

G 04996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 day

(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 101 Greenway Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Cleveland Wands

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife (Maiden Name) Mrs. Joseph C. Wands

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1868

8. AGE: Years	Months	Days	If less than one day
75	4	87	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Banker

11. Industry or business Retired

FATHER 12. Name (Unknown) Wands

13. Birthplace "

MOTHER 14. Maiden Name Josephine Cleveland

15. Birthplace Unknown

16 (a) Informant Mr. A. Eugene Blair

(b) Address Greenway Apts. Baltimore

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6/5/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto., Md.

18 (a) Funeral director William Cook Sec

(b) Address 1217 St. Paul st

19 (a) JUN 4 1943 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943, to June 3 1943, and that I last saw him alive on June 3 1943

Immediate cause of death: Cardio-respiratory failure — Duration

Due to: cerebro-vascular accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Hostetter, Jr. M. D.

Address Union Memorial Hosp. Date signed 6-3-43

G 04997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 04997
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Sudley
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olga Glover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Albert E. Glover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11th 1877

8. AGE: Years	Months	Days	If less than one day
65	8	22	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John B. Treffinger
13. Birthplace Germany

MOTHER
14. Maiden Name (Unknown)
15. Birthplace "

16 (a) Informant Edward T. Norwood
(b) Address 2813 Bauerwood Ave

17 (a) Burial (b) Date thereof 6/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery, or crematory Woodlawn
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St Huntington Williamsport Md.

19 (a) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1943 at 3.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1943 to June 3 1943.
and that I last saw her alive on June 3 1943.

Immediate cause of death	Duration
Melanoma	
Carcinoma of	
Due to Lung + bones	
Due to (none)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. H. Grandpierre M. D.
Address 1125 S. Paca St Date signed 6-5-43

VS 180

G 04998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123 Registered No.

G 04998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6213 York Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Sampsell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Margaret Sampsell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-23-1870

8. AGE: Years 73 | Months 3 | Days 1110 | If less than one day hr. min.

9. Birthplace Mass.
(Town, county, and state)

10. Usual Occupation Retired -

11. Industry or business

FATHER 12. Name William Sampsell

13. Birthplace Mass.

MOTHER 14. Maiden Name Maria Sprague

15. Birthplace New York

16 (a) Informant Albert Sampsell (son)

(b) Address 6213 York Rd.

17 (a) Cremation (b) Date thereof June 5-1943
(Burial, cremation, removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md.

18 (a) Funeral director Watkins Cook Inc

(b) Address 1217 St. Paul St

19 (a) June 6-1943 (b) Washington Wisconsin
(Registrar's signature) (Deputy Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3 1943, at 3 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1943 to 6/3 1943 and that I last saw h[illegible] alive on 6/2 1943.

Immediate cause of death

Circulatory Collapse

Due to Arterio-sclerotic Heart Dis

Due to Post Operative - 8 days.

Other Conditions Diverticulosis, Colon.
(Include pregnancy within 3 months of death)

Date of operation 5/26/43

Major findings of operation Diverticulosis, Colon,

of autopsy:

Duration: Terminal

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Churchill Jr.

Address CH [illegible] Date signed 6/5/43

G 04999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132

Registered No. G 04999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Cornell 81215

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1896

8. AGE: Years 46 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Christopher
13. Birthplace Mass.

MOTHER
14. Maiden Name Carlotta Byerley
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-43 (month) (day) (year)
(c) Cemetery or crematory St. Paul
Location Cardiff ave.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Road

19 JUN 5 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1943 at 9:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 28 1943 to May 18 1943, and that I last saw him alive on May 18 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 18 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexis S Hartz M.D.
Address Balto City Hosp Date signed 6/2/43

05000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. 5-05000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Denver st
(c) Hospital or institution:

21-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Denver st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Nicholas Lowman Sr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Louise Lowman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20th 1892

8. AGE: Years 51 | Months 2 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Foreman
11. Industry or business Balto. City Highways Dept.

FATHER
12. Name Frances M. Lowman
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Mary Birdon
15. Birthplace Balto Co. Md

16 (a) Informant Louise Lowman
(b) Address 1113 Denver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Mathews & Son
(b) Address 1244 Light St

19 JUN 5 - 1943 (Date received by Registrar) Huntington Wm. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1943, at 10a.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1943 to June 4, 1943, and that I last saw h.i.m alive on June 3, 1943.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Due to Bacterial Endocarditis	
Rheumatic Heart Disease	
Due to Chronic Nephritis	
Tuberculosis	
Other Conditions Profound Anemia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Bayliss M. D.
Address 1600 Wilkens Ave Date signed 6/4/43

VS 250

G 05001 #12 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓

Registered No. G 05001

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N. Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha C. Beilharz

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~Leon~~ Beilharz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1864

8. AGE: Years 79 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, state)
10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name (Unknown) Last
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary Cooper
(b) Address 1806 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Jr
(b) Address 127 St. Paul St

19 (a) JUN 5 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 4 1943 and that I last saw her alive on June 3 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 mo.
Due to	
Due to Cerebral Arteriosclerosis	
Other Conditions Totally Blind.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Fisher M. D.
Address 182 N. Broadway Date signed 6/8/43

05002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 05002

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 W. 41st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph T. Mahon

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	White	Separated

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1874

8. AGE: Years	Months	Days	If less than one day
69 years	0	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unable to Work
11. Industry or business

FATHER
12. Name John
13. Birthplace Virginia

MOTHER
14. Maiden Name Carolyn Colton
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director Mt. Olivet Bk Inc
(b) Address 317 St. Paul St

19 Filed JUN 5 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1943 at 8 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1943 to 6-4 1943.
and that I last saw him alive on 6-4 1943.

Immediate cause of death	Duration
Coronary Occlusion	?
Due to Arteriosclerosis	?
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ordered

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. R. Robertson
Address Balto. City Hosp. Date signed 6-4-43 M.D.

05003 G 05003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Parkdale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Parkdale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Frederick Belschner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Annie K. Belschner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15th 1856

8. AGE: Years	Months	Days	If less than one day
87	1	18	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Butcher

FATHER
12. Name (Unknown) Belschner
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant J. Frederick Belschner
(b) Address 1002 Parkdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 121 N. St. Paul St.

19 JUN 5 - 1943 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1943 at 4.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943 to June 3 1943 and that I last saw him alive on June 2 1943.

Immediate cause of death	Duration
Myocardial degeneration	1 week
Due to Generalized arteriosclerosis with hypertension	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 790 Cathedral St. Date signed June 4 1943

05004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05004
Registered No.

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Do not fold. Do not write outside the lines. Be sure to answer all questions. Be sure to give correct age in each case. Where the exact information is not known, approximate as nearly as possible. Data regarding parents is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 99 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francell Taylor 79998

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race black | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1909

8. AGE: Years 34 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Willie Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Ella ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Brooklyn, A. A. Co., Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

19 6-5-1943 (Huntington Williams, M.D.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 2:25P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1943 to June 2 1943 and that I last saw him alive on June 2 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin S. Haist M.D.
Address Balto City Hosp Date signed 6/7/43

05005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 183

Registered No. G 05005

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor
(b) Street address — foot of Montgomery St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NATHANIEL RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation unoccupied
11. Industry or business

FATHER
12. Name Barney Richardson
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Simons
15. Birthplace N. C.

16 (a) Informant Mary Richardson
(b) Address 25 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1426 Jefferson St

19 (a) JUN 5 - 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 4 P M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-3-43 at P. M.
(b) Where did injury occur? harbor ft of Montgomery
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? —
(d) Means of injury drowned while swimming

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-4-43

G 05006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 05006 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Robey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-43

8. AGE: Years	Months	Days	If less than one day
			14 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Renshaw Robey
13. Birthplace

MOTHER
14. Maiden Name Phillips
15. Birthplace Balto.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 5 - 1943 (Date Rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943, at 1:15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1943, to 5/25 1943, and that I last saw h[illegible] alive on 5/25 1943.

Immediate cause of death Obstetrics

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Square Hospital Date signed 6/1/43

VS 3

10142

PLEASE WRITE PLAINLY. Physicians: please write the cause in plain words. Be sure to give correct age is especially important.

G 05007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1042

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Brooklyn, Route 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. Patapsco Park, Box 453
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Pickney

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		2 Wks	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 1943
18 (a) Funeral director Commissioner of Health
(b) Address

19 (d) JUN 5 1943 Huntington Williams, M.D.
(Date Rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24-1943 at 10 45 AM

21. I certify that I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Upper Respiratory Infection

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 5/24/43

0143

05808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05008 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 002
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT WILLIAM WEIDNER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 5- 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1943 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho
Major findings of operation:
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-14-43

correct age is especially important. If uncertain, please write "about"

10144

5009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G 05009

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Back 600 block N. Pulaski St. Parking lot. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Doe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 5 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 5 - 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23- 1943, at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallett, M.D.
Medical Examiner.
Date signed 5/24/43

10145

correct age is especially important. Physicians: please write plainly

G 05010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

G 05010 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Jefferson St.
(If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Ella V. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) ~~Single~~, married, widowed, or divorced. M

6 (b) Name of husband or wife Asbury Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1887

8. AGE: Years 58 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace

MOTHER 14. Maiden Name Martha Cornish

15. Birthplace Md

16 (a) Informant Asbury Jones

(b) Address 1506 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1506 Jefferson St

19 (a) JUN 5 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3- 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1943 to 6-3- 1943, and that I last saw h~~er~~ alive on 4-31- 1943.

Immediate cause of death Chronic Valvular

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. Cargill M. D.

Address 211-N. Carolina Date signed 6-4-43

VS 150

G 05011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 05011 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 mos. 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Orleans St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wilbur Jackson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Esther Jackson

6 (c) If alive, give age ??? years

7. Birth date of deceased (mo., day, yr.) March 24, 1921

8. AGE: Years 22 | Months 2 | Days 11 | If less than one day: hr. min. 10

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Estelle Brockett
15. Birthplace Virginia

16 (a) Informant Estelle Crockett
(b) Address 1608 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 3 Johnston Pl. Balto

19 (a) JUN 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to June 4 1943, and that I last saw him alive on June 4 1943.

Immediate cause of death: Dislocation of 5th Cervical vertebra
Due to: Execution by hanging
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond M. Cunningham M. D.
Address 10-20 Bernice Ave. Date signed 6-4-43

G 05012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05012 / 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 N. Caroline
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John D. Nicholas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years	Months	Days	If less than one day
96-7			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ella Campbell
(b) Address 426 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Gravel Ave

19 (a) JUN 5 - 1943 (Date rec'd by registrar) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943 at 6.0 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 2 1943 and that I last saw h[illegible] alive on June 2 1943

Immediate cause of death Arteriosclerosis
Due to Interstitial Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Edward Fisher
Address 1142 E. Monument Date June 3/43

VS 3

G 05013 LAY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30F

Registered No. G 05013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Orleans St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Orleans St (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Baby Lay

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife Infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1943

8. AGE: Years	Months	Days	If less than one day
			5 hr. ✓ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business ✓

FATHER
12. Name Wm Atherian Lay
13. Birthplace Lafayette, Alabama

MOTHER
14. Maiden Name Mattie Walton White Low
15. Birthplace Lafayette, Alabama.

16 (a) Informant Mother
(b) Address 1518 Orleans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Ave

19 (a) JUN 5 - 1943 (Date rec'd by registrar) Huntington Hill (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 2:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1943, to 6/2 1943, and that I last saw h[illegible] alive on 6/2 1943.

Immediate cause of death Syphilis

Due to

Due to

Other Conditions Congenital

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G Franklin Battle M. D.
Address 1573 Eutaw Pl. Date signed 6/7/43

VS 8

G 05014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

G 05014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Otis Clement

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Minnie Clement
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Oxford N. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Anderson Clement
13. Birthplace N. C

MOTHER
14. Maiden Name Lina ?
15. Birthplace N. C

16 (a) Informant Minnie Clement
(b) Address 504 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradtley Ave

19 (a) JUN 5 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1943, at 3:30 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Shock
Fractured Pelvis
" Femur

~~Due to~~

Other Conditions Hemoperitoneum

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 24

(a) Date of injury 6/1/43 at 3.15 P. M.
(b) Where did injury occur? 921 E. Fort Ave Commercial Boy Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? yes
(d) Means of injury Caught in an elevator shaft.

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 6-2-43

VS 151

G 05015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 N. WOLFE ST.
(c) Hospital or institution:

7-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) L I FE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N. WOLFE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. SCHUCKERT

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife GEORGE D. SCHUCKERT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 24 1870

8. AGE: Years	Months	Days	If less than one day
73	3	11 10	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name THEADORE JAECKSH
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant GEORGE D. SCHUCKERT (H US)
(b) Address 531 N. WOLFE ST.

17 (a) BURIAL (b) Date thereof JUNE 7 /43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 5 1943 (b)
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 4 1943. at 1/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to June 4 1943 and that I last saw her alive on June 4 1943.

Immediate cause of death. Chronic Myocarditis — Duration 3 yrs.

Due to Arteriosclerosis — 4 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Daneck M.D.
M. D.
Address 2530 E. Baltimore St. Date signed 6-5-43

Huntington Williams M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

G 05016 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 E. Lorraine Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME META HELENE ZENTGRAF

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry Eugene
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1889

8. AGE: Years: 53 | Months: 9 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Alfred Mueller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Emma Koehler
15. Birthplace: Germany

16 (a) Informant: Mrs. Marian E. Butts
(b) Address: 302 E. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location: Baltimore County, Md.

18 (a) Funeral director: H. Sander & Sons
(b) Address: North Ave. & Broadway

19 (a) [illegible] (b) Huntington Williams, M.D.

JUN 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/26 1942 to June 2 1943, and that I last saw h[illegible] alive on 6/2 1943.

Immediate cause of death: Carcinoma of Cervix Uteri — Duration: 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Sol Smith
Address: 1223 E. North Ave. Date signed: 6/4/43

05017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05017
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 Orchard Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 447 Orchard St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1871

8. AGE: Years	Months	Days	If less than one day
72	3 3		hr. min.

9. Birthplace Northumland Co. Va.
(Town, county, and state)

10. Usual Occupation 3
11. Industry or business

FATHER
12. Name John Lewis
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie Woodbridge
15. Birthplace Northumland

16 (a) Informant Mrs Sallie Fernandez
(b) Address 812 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof June 9 1943 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director
(b) Address

19 (a) JUN 5 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1943 to June 3 1943 and that I last saw her alive on June 3 1943.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	2
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hanford L Thomas Jr M. D.
Address 2024 Madison Ave Date signed 6/4/43

VS 8

G 05018

G 05018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-6
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Francis Connolly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine S. Connolly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1862

8. AGE: Years	Months	Days	If less than one day
80	8	27 2 6	hr. min.

9. Birthplace Norfolk Va. (Town, county, and state)
10. Usual Occupation Balto Police Dept
11. Industry or business Retired

FATHER
12. Name John Connolly
13. Birthplace Ireland

MOTHER
14. Maiden Name ------ Falby
15. Birthplace Ireland

16 (a) Informant Catherine S. Connolly
(b) Address 3012 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Harry A. Cunnack
(b) Address 4204 Ridgewood Ave

19 (a) (b) Huntington Williams, M.D. Registrar

VS Rec'd JUN 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 4 1943. And that I last saw him alive on June 4 1943.

Immediate cause of death Arteriosclerotic cardiac thrombus disease — Duration ?
Due to
Due to
Other Conditions Prostatic hypertrophy

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlow E Stacy M. D.
Address 3603 Edmondson Date signed 6/7/43

05019 G 05019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 North Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma C. Sauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 1868

8. AGE: Years 75 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John S. Sauer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret A. Romoser
15. Birthplace Germany

16 (a) Informant Mrs Amelia Gilden
(b) Address 3909 North Charles

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Baltimore Huntington Williams, M.D.

19 (a) JUN 5 - 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/1943 at 6 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1943 to 6/4 1943 and that I last saw her alive on 6/4 1943

Immediate cause of death Congestive Heart failure — Duration

Due to Arteriosclerosis

Due to Hypertension

Other Conditions Cancer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Maurice Shub
Address Md. General Hosp. Date signed 6/4/43 M. D.
Linden & Madison Ave

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 05020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 | 17 G 05020 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 W. Lorraine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W. Lorraine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE ROSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Joseph H. Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/1864

8. AGE: Years	Months	Days	If less than one day
79	2	1	hr. min.

9. Birthplace Wales (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Wales

MOTHER
14. Maiden Name Eliza Davis
15. Birthplace Wales

16 (a) Informant Miss Margaret Ross
(b) Address 210 W. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director W.M. J. TICKNER & SONS
(b) Address Balto., Md.

19 [illegible] Washington Williams [illegible]
[illegible] 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1943 to June 2 1943, and that I last saw h[illegible] alive on June 2 1943

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Arteriosclerosis — 10 yrs
Due to
Other Conditions Cardio Renal — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George Nichols
Address 28 W. 26th St. Date signed 6-7-43

G 05021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 G 05021 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Balto. Gen'l Hosp
(c) Hospital or institution:
Dunbeland & Payne 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leona Newberry (Lena Rivers Newberry)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Robert L. Newberry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/1871

8. AGE: Years	Months	Days	If less than one day
71	8	2	hr. min.

9. Birthplace Plymouth, N. C. (Town, county, and state)
10. Usual Occupation Retired Telephone Operator
11. Industry or business Balto. Transit Co.

FATHER
12. Name Jeremiah Read
13. Birthplace Plymouth, N. C.

MOTHER
14. Maiden Name Lottie Newberry
15. Birthplace N. C.

16 (a) Informant Mr. Jerry P. Newberry, son
(b) Address 720 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md. Huntington, W. Va.

JUN 5 — 1943 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1943, at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1943, to 6/4 1943, and that I last saw her alive on 6/4 1943.

Immediate cause of death Cardiac Failure

Due to Arteriosclerotic Cardio-Vascular Disease

Due to Senile Osteosclerosis

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kinlaw M. D.
Address W. Balto. Gen'l Date signed 6/7/43

G 05022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

110

G 05022 Registered No.

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. GRACE C. SPURRIER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Roland E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1899

8. AGE: Years	Months	Days	If less than one day
43	11	14	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thomas Hebb
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Lucy King,
15. Birthplace Norfolk, Va.

16 (a) Informant Mr. Roland E. Spurrier
(b) Address 2214 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TCIKNER & SONS
(b) Address [illegible] Williams, Mgr.

19 (a) [illegible] (b) [illegible]
(Date received by registrar) Registrar

JUN 5 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1943, at 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1943, to 6/4 1943, and that I last saw h[illegible] alive on 6/4/ 1943.

Immediate cause of death Cardiac failure

Due to Lung Abscess - Pleural Fistula

Due to Emphysema.

Other Conditions (Include pregnancy within three months of death)

Date of operation 6/3/43

Major findings of operations: Emphysema -

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 6/4/43 M.D.

G 05023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 E. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Butta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank L. Butta

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June - 5 - 1899

8. AGE: Years	Months	Days	If less than one day
43	11	2928	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Rispera

13. Birthplace Italy

MOTHER 14. Maiden Name Theresa Morisco

15. Birthplace Italy

16 (a) Informant Frank L. Butta

(b) Address 414 E. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. - Baltimore

18 (a) Funeral director John F. Miller

(b) Address 2435 E. Oliver St

JUN 5 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 3 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Scarlet Fever

Due to

Due to Acute Cardiac Dilatation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 4 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05024 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

05025 / 186a — G 05025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Madison Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edward Wiggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Northumberland Co. Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Wiggins
13. Birthplace Northumberland Co. Va.

MOTHER
14. Maiden Name Eliza Carter
15. Birthplace Northumberland Co Va

16 (a) Informant Eliza Wiggins
(b) Address Lancaster Co, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Wiggins Family Cemetery
Location Northumberland Co. Va.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1651 Druid Hill Ave.

19 (a) [illegible] Huntington Wit. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 12 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943 to June 3 1943, and that I last saw h alive on June 3 1943.

Immediate cause of death Paralytic ileus

Due to Streptococcic infection

Due to

Other Conditions Fracture Rt. femur. Terminal pneumonia?
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Paralytic ileus

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 5-21-43 (Month, Day,) at ? M
(c) Where did injury occur? Lombard and Greene Sts. (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Hospital While at work? No (Specify type of place)
(e) Means of injury Fell out of 3rd floor window.

23. Signature Thos. J. Mullan, M. D.
Address University Hospital Date signed June 4 1943

Thomas J. Mullan, M.D.

VS 2

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 05026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Etting Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Fletcher

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Curtis

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) aug. 4, 1891

8. AGE: Years 71 | Months 9 | Days 28 | If less than one day: hr. min.

9. Birthplace Eastern Shore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Beechman
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lula F. Fletcher
(b) Address 1710 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co Md

18 (a) Funeral director Mrs. Geary M. Holland
(b) Address 1631 [illegible] Ave, Washington Metropolitan Area, Md

19 (a) Date received by registrar (b) Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2- 1943 at 10 55 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 6-2-43

Correct age is especially important. Physicians: please report promptly to Registrar of Vital Statistics, City Health Department, any inaccuracy or omission in this certificate. Undertakers: Do not remove body from city and county and register.

G 05027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 05027

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna Winiecka

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	W.

6 (b) Name of husband or wife Stanislaus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day hr.	min.
about 70				

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Winiecki
13. Birthplace Poland

MOTHER
14. Maiden Name Glynska
15. Birthplace Poland

16 (a) Informant Thomas Winiecki
(b) Address 2029 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7- 43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) JUN 5 1943 (b) Huntington Williams, M.D. Address 209 E Chase St

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943 to June 4 1943, and that I last saw h alive on June 4 1943.

Immediate cause of death	Duration
ARTERIOSCLEROTIC-HYPERTENSIVE CARDIO-VASCULAR DISEASE	1 YR.
Due to GENERALIZED ARTERIO-SCLEROSIS	?
Due to	
Other Conditions TERMINAL BRONCHO-PNEUMONIA (Include pregnancy within 3 months of death)	6/1/43

Date of operation
Major findings of operation: —
of autopsy: NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Drenga M. D.
Date signed 6/5/43

Copies are to be typewritten. Entries must be made in ink. Use black ink.

G 05028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 198

G 05028 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954 Forrest St.

(c) Hospital or institution: Maryland Penitentiary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1253 E. Fayette St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Frank Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1916

8. AGE: Years	Months	Days	If less than one day
27	4	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Williams

13. Birthplace Anne Arundel Co. Md

MOTHER 14. Maiden Name Sophia Ball

15. Birthplace Magothy, Md.

16 (a) Informant Sophia Williams

(b) Address 224 Silver Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (month) (day) (year)

(c) Cemetery or crematory Magothy Cemetery

Location A.A. County Md

18 (a) Funeral director William E. Jackson

(b) Address 916 Penna ave

19 [illegible] JUN 5 - 1943 (b) Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 at 1.2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to June 4 1943 and that I last saw him alive on June 4 1943.

Immediate cause of death: Dislocation of 5th cervical vertebra

Due to: Execution by hanging

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond M. Cunningham M. D.

Address 10 So. Bernice Ave. Date signed June 4, 1943

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct age is especially important.

G 05029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 220

G 05029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernestine H Sheppard 80452

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Mack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1918

8. AGE: Years	Months	Days	If less than one day
24	9	26	hr. min.

9. Birthplace North Caroline
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mack Hardison
13. Birthplace N.C.

MOTHER
14. Maiden Name Hattie Perkins
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Arbutus Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) (Date filed by registrar) Huntington Williamsville, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 11:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 19 43 to June 3 19 43, and that I last saw her alive on June 3 19 43.

Immediate cause of death: Tuberculous polyserositis — Duration: 3 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvie S Hunter M. D.
Address Balto City Hosp Date signed 6/5/43

G 05030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1092

G 05030 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914. E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Patrick Joseph Greene

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4148

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 6.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to June 3 1943, and that I last saw h[illegible] alive on June 3 1943.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Married.

6 (b) Name of husband or wife Mary.
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64	Mos		hr. min.

9. Birthplace Ireland, Gort
(Town, county, and state)

10. Usual Occupation Guard

11. Industry or business

FATHER
12. Name Thomas Greene
13. Birthplace Ireland

MOTHER
14. Maiden Name Maloney.
15. Birthplace Ireland

16 (a) Informant Wife.
(b) Address 914. E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E. 32nd Std.

19 (a) [illegible] Hunting for Williams

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
St. Joseph's Hosp. Date signed 6-7-43

VS 8

G 05031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 05031

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 408 Lyndhurst St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 408 Lyndhurst St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Patrick Maloney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
86	85		hr. min.

9. Birthplace Ireland (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name —

13. Birthplace —

MOTHER

14. Maiden Name —

15. Birthplace —

16 (a) Informant Mrs. Patrick Sullivan

(b) Address 408 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43. (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Mitchell

(b) Address 4101 Edmondson Ave.

19 (a) (Registrar's signature) (b)

FILED JUN 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5/43. 19 . 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 41. to June 5 19 43.

and that I last saw h me alive on June 5 19 43.

Immediate Cause of death

Arteriosclerotic cardio vascular disease

Duration

Due to

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Gordon E Shey

Address 3803 Edmondson Ave Date signed 6/8/43

G 05032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 05032

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Isaac Holbrook

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lydia Holbrook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1886

8. AGE: Years	Months	Days	If less than one day
57	2	30 29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name J. Isaac Holbrook Sr
13. Birthplace Md.

MOTHER
14. Maiden Name Mary L. Ritter
15. Birthplace Md.

16 (a) Informant Mrs Lydia Holbrook
(b) Address Randallstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Parrow Cem.
Location Holbrook, Balto Co., Md.

18 (a) Funeral director C. Harry Zeller
(b) Address Stykesville, Md.

19. JUN 5 - 1943 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 5 1943 at 6 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1943 to 6-5 1943, and that I last saw him alive on 6-5 1943

Immediate cause of death Pulmonary Embolism — Duration

Due to — Duration

Due to — Duration (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Kerstad M.D.
Address Owings Mills Md. Date signed 6-5-43

VS 8

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please answer all questions. Please correct age is especially important.

05033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 Registered No. C 05033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 1941
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 W. Lanvale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAYTON HAYNES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
43				

9. Birthplace Ga (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Judia Haynes
15. Birthplace Va

16 (a) Informant Record or Hand
(b) Address Mrs. K. R. Williams

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3229 N. Schroeder St

19 (a) FILED JUN 5 1943 (b) Huntington Wilkinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 43 at 8 45 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to hrs death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hemorrhage

Due to Intracranial pulmonary acute uremia

Other Conditions Nil

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 5-28-43

VS 151

05034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05034

Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Scott st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gilbert P. Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-9328

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hazel Timms Thomas

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) January 11-1903

8. AGE: Years 40 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Steel Worker

FATHER
12. Name James W. Thomas
13. Birthplace Baltimore

MOTHER
14. Maiden Name Alice Reed
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Hazel Thomas
(b) Address 1110 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Elmer F Fleming
(b) Address 1426 Light St

19 (a) [illegible] Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 - 1943, at 9 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 3 1943, and that I last saw him alive on June 3 1943

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions Pulmonary Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A Mikels, M.D.

Address 2151 Wilkens Ave Date signed 6/4/43

JUN 5 - 1943

correct age in especially [illegible] to death [illegible]

VS 3

G 05035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114d

Registered No. G 05035

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Mary
(c) City or town Ridge (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Clayton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace St. Mary's Co., Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Kemp
15. Birthplace Md.

16 (a) Informant Elizabeth Kemp
(b) Address Ridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Ridge, Md.

18 (a) Funeral director Pius B. Robinson
(b) Address Dameron, Md. Huntingtown Williamsport, Md.

19 (a) JUN 5 - 1943 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1942, to June 4 1943, and that I last saw her alive on June 4 1943.

Immediate cause of death	Duration
Lung Abscess	
Due to (over)	
Due to	
Other Conditions Sigmoidal Fistula & Subcutaneous Abscesses	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address St. Joseph's Hosp. Date signed 6-7-43

G 05036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 05036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 W Lexington
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine M(?) Kerr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife James F. Kerr
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5 5 1881

8. AGE: Years	Months	Days	If less than one day
62	9	8	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Todd
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine
15. Birthplace

16 (a) Informant Self (from entrance note)
(b) Address

17 (a) Burial (b) Date thereof 6/7/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John A Moran
(b) Address 3000 E Balto st.

19 JUN 5 - 1943 (Huntington Williams) M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 8 42 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1943 to June 3 1943 and that I last saw h alive on June 3 1943

Immediate cause of death: Gangrene + infected amputation stump

Due to: paralytic ileus

Due to: Diabetic gangrene + arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 4-43

Major findings of operations: Diabetic gangrene and Sepsis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred H Gunn M. D.
Address St Agnes Hosp Date signed June 3-43

VS 184

G 05037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 05037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5848 Belair Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Kraus

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1916

8. AGE: Years	Months	Days	If less than one day
26	7	8 10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name Martin Kraus
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary M. Pittinger
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Blanche Pittinger
(b) Address 2916 E. Pratt St.

17 (a) Burial (b) Date thereof 6/7/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'Donnell St.

18 (a) Funeral director John A. McKean
(b) Address 3000 E. Baltimore St.

19 JUN 5 - 1943 (c) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4. 1943. at 1:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943. to June 4 1943.
and that I last saw him alive on June 3, 1943.

Immediate cause of death Chronic Pulmonary Tuberculosis — Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B. McKee M. D.
Address 1331 E. North Ave Date signed 6-8-43

VS 180

G 05038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58

G 05038

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 Lemmon Hospital
(If rural give district)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-43

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Calvert Richardson
13. Birthplace Not Known

MOTHER
14. Maiden Name Clara Ryan
15. Birthplace Baltimore, Md.

16 (a) Informant Clara Ryan - Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Wm Katie P. Williams
(b) Address 322 N. Schroeder St

19 (a) JUN 6 - 1943 (Date filed by registrar) Hunting Town Maryland

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 11:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-43 19 . to 6-3 1943.
and that I last saw h alive on 6-3 1943.

Immediate cause of death Anoxia (due to)

Due to Respiratory failure

Due to Unknown Cause

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
-2 HRS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Jones

Address University Hospital Date signed 6/4/43
M. D.

G 05039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a G 05039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Siam Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Streper St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abrah Abram G. Neely

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian M. Neely
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 - 1881

8. AGE: Years	Months	Days	If less than one day
61	7	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Confectionary Store
11. Industry or business

FATHER
12. Name James Neely
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Lillian M. Neely
(b) Address 101 N. Streper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-43 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Taylor Ave.

18 (a) Funeral director John G. Miller
(b) Address 2053 Jefferson St.

19 JUN 6 - 1943 (Date rec'd by Registrar) (b) [redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 43 at 3 39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 19 43, to June 5 19 43 and that I last saw h alive on June 4 19 43.

Immediate cause of death Cardiac Resp. Failure — Duration 11 days
Due to Cerebral Vascular Accident
Due to Arteriosclerosis
Other Conditions Hemiplegia, left
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B. Hoelbing
Address Siam Hosp Date signed 6/7/43 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 186

G 05040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43P

✓ G 05040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 N. Front St.
(c) Hospital or institution:
5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N. Front St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary D'Eramo

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Maried

6 (b) Name of husband or wife Simeone D'Eramo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1887

8. AGE: Years	Months	Days	If less than one day
55	7	26	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Luigi Fiorilli
13. Birthplace Italy

MOTHER
14. Maiden Name Liberata BATTISTA
15. Birthplace Italy

16 (a) Informant Vincent J. D'eramo (Son)
(b) Address 209 N. Front St.

17 (a) Burial (b) Date thereof June 7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) JUN 6 - 1943 (b) Hunting Tow Williams, Mgr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 1940. to June 3 1943.
and that I last saw h[illegible] alive on June 3 1943.

Immediate cause of death	Duration
Clin. myocarditis	
Hypertension	1940
Due to Arteriosclerosis	
Coronary thrombosis	
Due to Coronary Sclerosis	1943
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. G. Mcalister M. D.
Address 2230 Eutaw Pl. Date signed 6-5-43

VS 8

G 05041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

5004/05041

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Josephine Porto

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Wid.

6 (b) Name of husband or wife: late Joseph Porto

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 23 1864

8. AGE: Years	Months	Days	If less than one day
78	7	13 12	____ hr. ____ min.

9. Birthplace Termini Imerese
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name Francesco Pandolfini
13. Birthplace Italy

MOTHER
14. Maiden Name Domenica Vigona
15. Birthplace Italy

16 (a) Informant Joseph Arcilesi (Son in Law)
(b) Address 705 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) JUN 6 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943, to June 5 1943, and that I last saw h-r alive on June 5 1943.

Immediate cause of death: Acute myocarditis

Due to (1) hypertension.

Due to (2) Chronic interstitial nephritis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
35 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles L. Nerstadt

Address 1730 Linden Ave Date signed 6/5/43 M. D.

correct age is especially important

VS 3

G 05042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

G 05042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Mulliken St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sam McClennon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 12-25-?? 1887

8. AGE: Years	Months	Days	If less than one day
55	5	9	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Shipyard

FATHER
12. Name Jeff McClennon
13. Birthplace S.C.

MOTHER
14. Maiden Name Rachel?
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1943 (Month) (day) (year)
(c) Cemetery or crematory Chester
Location South Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) 6-1943 (Date rec'd by Registrar) (b) Huntington Station Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 3 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943 to June 3 1943 and that I last saw deceased alive on June 3 1943.

Immediate cause of death Lobar Pneumonia, Rt Lt, Rt Lobe, Pneumococcus Type I — Duration 4 days

Due to

Due to

Other Conditions Syphilitic aortitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard E.C. Thornton, M.D.
Address Johns Hopkins Date signed 6/8/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 180

G 05043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 G 05043 Registered No.

Res. Elloree, S.C.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. City Hospitals Morris Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Griffin

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	—	Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1925

8. AGE: Years	Months	Days	If less than one day
18	4	15	hr. min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Morris Griffin
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Marie Griffin
15. Birthplace S. Carolina

16 (a) Informant Marie Griffin
(b) Address Elloree S. Carolina

17 (a) Removal (b) Date thereof 5-5-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hollow Hill Cem
Location S. Carolina

18 (a) Funeral director Williams Cook Jr
(b) Address 1212 E Baal St

19 JUN 6 – 1943 (b) Interring for Williams M.D.
(Date rec'd by registrar) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1943, at 3 [illegible] PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/4/43 at P.M.
(b) Where did injury occur? Balto. Co. Brundelk Bathing Beach
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Found drowned

23. Signature Thomas J. Mullen M.D.
Medical Examiner.
Date signed 6/5/43

VS 181

G 05044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05044

Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct and complete. Answer every question. Where none, or not applicable, write "none." Where unknown, make a definite statement to that effect. Do not abbreviate. Use no ditto marks. The space for "Cause of Death" must be filled in. Even though death may be due to old age, the cause of death must be stated. Indefinite and unsatisfactory causes of death, such as "heart failure," "exhaustion," "old age," "senility," "cancer," "tuberculosis," should be reported only when no more definite cause can be ascertained. Causes of death which may be the result of violence must be carefully reported in every detail. The certificate must be filled out, signed, and returned to the Registrar of Vital Statistics, Room 105, City Hall, Baltimore, Md., before the body is removed from the city or buried.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution:
Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CORA L. WILLIAMS

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	12	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Cyrus Williams
13. Birthplace Wash.

MOTHER
14. Maiden Name Va. Carter
15. Birthplace Staunton, Va.

16 (a) Informant Mr. Roy H. Williams
(b) Address 3501 Chamberline Ave., Richmond Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/6/43 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cem.
Location RICHMOND Virginia

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 8 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1943, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2, 1942 to June 4 1943, and that I last saw h-r alive on June 4 1943.

	Duration
Immediate cause of death Cardiac thrombosis	1 day
Due to Senile Myocarditis	1 yr
Due to Arteriosclerosis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Huntington Williams, M.D.
Address 16 Rundell St Date signed 6/5/43

VS 180

G 05045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05045 Registered No. 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 Bedford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM PLUMMER JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1922

8. AGE: Years	Months	Days	If less than one day
20		20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Plummer
13. Birthplace Virginia

MOTHER
14. Maiden Name Judith T. White
15. Birthplace Virginia

16 (a) Informant Wm. Plummer, Sr.
(b) Address 1701 Druid

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Samuel W. Gray & Son
(b) Address 638 N. Fulton Ave.

19 (a) JUN 6 1943 (Date rec'd by registrar) (b) Huntington Wilson (Registrar)

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 7 50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 25/6
(a) Date of injury 6-3-43 at 5 30 P.M.
(b) Where did injury occur? Inner pt of Chesapeake
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? —
(d) Means of injury drowning while swimming

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-4-43

correct age is especially important. Physicians, please write plainly.

G 05046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. G 05046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Division St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minor Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No. none

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) NOV 19 1866

8. AGE: Years 77 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Fredericksburg Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace VA

MOTHER
14. Maiden Name unknown
15. Birthplace VA

16 (a) Informant Ida Williams
(b) Address 1216 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

JUN 6 - 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 10:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to June 4 1943, and that I last saw him alive on June 3 1943

Immediate cause of death: Mitral Insufficiency

Due to: D & compensation

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M.D.
Address 612 E Monument
Date signed June 5 1943

VS 2

G 05047

G 05047

MJ-77186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27, 1878

8. AGE: Years	Months	Days	If less than one day
64	2	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Samuel Brown
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 7 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Jerman Hill Rd
18 (a) Funeral director J. J. Fahey & Son
(b) Address 1511 Light St

JUN 6 1943 Registrar
Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1943 at 5-49 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1943 to 6-4 1943
and that I last saw him alive on 6-4 1943

Immediate cause of death
Cardiac failure
Mesaortic embolism
Due to Hypertensive C.V. disease

Duration
?
1 day
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy: 0 not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. K. Roddam M. D.
Address Balto. City Hosp Date signed 6-5 43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 05048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 05048
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N. LYNDHURST ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 520 N Lyndhurst St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERTIS E. BLACK.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. M. | 5. WHITE | 6 (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 18 1882

8. AGE: Years 60 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace HARNEY MD.
(Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business WOODSMINGE MEAT CO

FATHER
12. Name JOHN. W. BLACK
13. Birthplace MD.

MOTHER
14. Maiden Name ANNA E. DRACHT
15. Birthplace MD.

16 (a) Informant GLENROY BLACK.
(b) Address 520 N. LYNDHURST ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)

(c) Cemetery or crematory WINTER'S CHURCH
Location NEW WINDSOR MD.

18 (a) Funeral director GEO LEIMBACH
(b) Address 525 N LYNDHURST ST.

6-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1943, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17- 1936 to 6-4 1943 and that I last saw him alive on 6-4 1943.

Immediate cause of death	Duration
Angina Pectoris	Typ
Due to Major	
Due to	
Other Conditions Myocardial Degeneration	1 hr

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel Miller
Address 520 N Lyndhurst Date signed 6-5-43

G 05049 ✓ G 05049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 W West St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ½ 21
(e) Length of stay in Baltimore (yrs.) mos., or days) 2 ½

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W West (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Russell W. Berger

3 (b) If veteran, name war —

3 (c) Social Security Account No 213-09-7128

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1898

8. AGE: Years 44 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Seth Berger
13. Birthplace Va

MOTHER
14. Maiden Name Elva Finney
15. Birthplace Va

16 (a) Informant Sarah Berger
(b) Address 506 W West

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B & O Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 608 W Montgomery St

JUN 6 - 1943 (Date rec'd by registrar) Hunting for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1943 to June 2 1943, and that I last saw him alive on June 2 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	about 5 mo
Due to T.B.C.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Gaines
Address 605 W. Barnet Date signed 6/7/43 M. D.

correct age in specific instances. A typewriter is preferred for filling in this certificate.

VS 180

G 05050 ✓ G 05050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 9 hrs. 35 min.
(e) Length of stay in Baltimore (yrs., mos., or days): 9 hrs. 35 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: -
(c) City or town: 723 George Street, Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 723 George St., Baltimore, Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: THOMAS BUNKLEY

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.: -

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: --
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 22, 1893
8. AGE: Years: 50 Months: 3 Days: 11 10 If less than one day: hr. min.
9. Birthplace: Jones County, Georgia (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business: Bakery (Am.Stores Co.)

FATHER
12. Name: Anderson Bunkley
13. Birthplace: Nr. Maca, Ga.

MOTHER
14. Maiden Name: Easter Dueams
15. Birthplace: Nr. Maca, Ga.

16 (a) Informant: Records, U.S.Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto City

18 (a) Funeral director: Isaac L. Burruss
(b) Address: 108 W Montgomery St

19 (a) [illegible] (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH: June 2, 1943, at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1943, to June 2, 1943, and that I last saw him alive on June 2, 1943.

Immediate cause of death	Duration
Advanced generalized arterio-sclerosis;	Unk.
Marked nephrosclerosis, edema of brain	Unk.
Due to -	
Other Conditions -	

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury: -
23. Signature: W. S Bra... 1943 M. D.
Address: Baltimore, Md. Date signed: June 4,

correct age is especially important. If unknown, please write the nearest number you can give, and say.

VS 150

Va-13247

G 05051

434803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 05051
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Wastler

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Female white
5. Color or race
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Russell H
6 (c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.): March 28 1883
8. AGE: Years 60 | Months 2 | Days 7 | If less than one day: hr. min.
9. Birthplace: Md. (Rocky Ridge)
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Rinn
13. Birthplace: Rocky Ridge Md.

MOTHER
14. Maiden Name: Mollie Knauff
15. Birthplace: Rocky Ridge Md.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 6/8/43 (month) (day) (year)
(c) Cemetery or crematory: Mt Zion
Location: Rocky Ridge Md
18 (a) Funeral director: Wolfinger Coolsaet
(b) Address: 1217 Eutaw St

JUN 6 - 1943
(Date rec'd by registrar)
Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 1:35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to June 5 1943 and that I last saw her alive on June 5 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arterial thrombosis	
Due to Arteriosclerosis	
Other Condjtions Diabetes. Gangrene 1 great toe	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 6/5/43

Please write the cause of death and age plainly; correct age is especially important. Physician: please write the cause of death and age plainly.

G 05052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 Hillen st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Hillen St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie L. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Harry W. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7th 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	5	26		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John Conroe
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Grass
15. Birthplace Va.

16 (a) Informant Lottie Bowen
(b) Address 1045 Hillen st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

JUN 6 — 1943 (Date rec'd by registrar)

(c) Livingston Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1943, 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to June 3 1943, and that I last saw her alive on June 3 1943

Immediate cause of death Acute coronary thrombosis

Due to Chronic nephritis

Due to Chronic sclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature C. H. Hamilton M. D.
Address 733 Cumberland St Date signed 6/5/43

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

G 05053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05053

61

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1701 Clifton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1701 Clifton Ave
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma DeKalb Pantig

3 (b) If veteran, name war None

3 (c) Social Security Account No. 1182

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1856

8. AGE: Years 86 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Ervin DeKalb

13. Birthplace Pa

MOTHER

14. Maiden Name Anhonna Krause

15. Birthplace Pa

16 (a) Informant Gloria Pantig

(b) Address 1701 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson Cook Inc

(b) Address 1219 E Fond St

19 (a) JUN 6 - 1943 (Date rec'd by registrar) (b) Lexington Williams #12 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943. at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1943 to June 5 1943, and that I last saw her alive on June 4, 1943.

Immediate cause of death Coronary Thrombosis — Duration 9 days

Due to Arteriosclerosis — 3 yrs.

Due to

Other Conditions Diabetes — 15 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Albert M Dingwood

Address 1613 E. North Ave Date signed 6-5-43

VS 180

PLEASE WRITE CLEARLY. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 05054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05054

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Dundalk Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Dundalk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Elizabeth Lockerson

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1865

8. AGE: Years 77 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Oakland Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Longbine
13. Birthplace Wythburn

MOTHER
14. Maiden Name Sarah Nelthorpe
15. Birthplace London England

16 (a) Informant John Lockerson
(b) Address 1706 Dundalk Ave

17 (a) Burial (b) Date thereof 6/9/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Maryland Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Goldsborough
(b) Address 1210 E Fayette St

JUN 6 1943 Arrington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 19 , to June 4 1943, and that I last saw h alive on June 4 1943.

Immediate cause of death Hypertension
Heart Disease

Duration
2 yrs

Due to

Due to

Other Conditions Anemia, Arteriosclerosis 3 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E R Evans M. D.
Address Liberty Parkway Date signed 6-5-43

VS 180

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

G 05055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

G 05055 Registered No.

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
female	white	

6 (b) Name of husband or wife Late Josha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Morris Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Morris Seaman
(b) Address 2474 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

JUN 6 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1943 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/1935 to 6/5/1943, and that I last saw her alive on 6/5/1943.

Immediate cause of death: Cerebral vascular disease
Arteriosclerosis, Hypertension

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M.D.
Address Levindale Date signed 6/6/43

G 05056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 05056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Park Heights ave
(c) Hospital or institution. Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Georgetalk P. Hwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Naiman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Israel H.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Rossnid (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Jacob Gaether
13. Birthplace R

MOTHER
14. Maiden Name Sylvia Shapiro
15. Birthplace R

16 (a) Informant Sheehan H. Naiman
(b) Address 1624 Garrys falls P. Hwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (month) (day) (year)
(c) Cemetery Shaare Shalmarim Cem
Location Rosedale

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St

JUN 6 - 1943 (Date rec'd by registrar) (Signature for Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1939 to 5/31 1943 and that I last saw h[illegible] alive on May 31 1943.

Immediate cause of death: Heart Failure — Duration: sudden
Due to arterio-sclerosis — chronic
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton H. Aaron
Address 2310 Eutaw (Date signed) 6/6/43

VS 180

G 05057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05057 Registered No. 136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL or give town)
(d) Street No. 2010 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer Schwartz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county and state or country)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Self

FATHER
12. Name Not Known
13. Birthplace Russia.

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia.

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (Death) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Pikesville Md.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1437 E. Baltimore St
(b) Huntington Williams, M.D. Registrar

JUN 6 - 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943 to June 5 1943, and that I last saw him alive on June 5 1943.

Immediate cause of death Pulmonary Thrombosis
(a) Coronary Occlusion pneumothorax (left)
Due to
Due to
Other Conditions Prostatic hypertrophy benign
(Include pregnancy within 3 months of death)
Date of operation May 29 1943
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E Bradley
Address Sinai Hospital Date signed 6/7/43

G 05058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05058 Registered No. 87C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Aryans Falls Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Finklestein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Finkelstein.
13. Birthplace Russia.

MOTHER
14. Maiden Name Lazah
15. Birthplace Russia

16 (a) Informant Mrs. Finkelstein
(b) Address 1913 Aryans Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (month) (day) (year)
(c) Cemetery or crematory Southern Cem
Location Lane

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

JUN 6 - 1943 (Date rec'd by registrar) (b) Huntington Hollands, Md. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/43, at 8.50 P.M.

21. I certify that I took charge of the remains described above, held an Enquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Parkinson's Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McCauley M.D. Medical Examiner.
Date signed 6/5/43.

G 05059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 146E

G 05059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Ocala Ave.
(c) Hospital or institution: Mrs Finley, Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 Beaufort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William A. Schilling,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mary A. Schilling,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1868

8. AGE: Years 75 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Coal & Ice Dealer

FATHER
12. Name Unknown
13. Birthplace ****

MOTHER
14. Maiden Name ****
15. Birthplace ****

16 (a) Informant Edward A. Schaefer,
(b) Address 207 E. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 194 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) Filed June 6 1943 (Registrar) (b) Registered

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JUN 5 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1943 to 6-5 1943, and that I last saw h/ alive on 6-5 1943

Immediate cause of death Carcinomatosis — Duration 1 Year

Due to Carcinoma of Sigmoid colon — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-20-42

Major findings of operation: Carcinoma of Sigmoid colon

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel P. Adams M. D.

Address University Hosp. Date signed 6-6-43

Hunting for Hillsboro MD

G 05060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

G 05060 Registered No.

Do not write in this space. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 N. Regester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County City
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Regester St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Cora E. Stevenson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harry T. Stevenson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 1, 1880

8. AGE: Years	Months	Days	If less than one day
62	8	3	##### min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Walter S. Brown
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Slizabeth Barnett
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Alberta Livingston (Daughter)
(b) Address 2705 Overland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave Balto Md

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

JUN 6 - 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1943 to June 4 1943, and that I last saw h[illegible] alive on June 4 1943.

Immediate cause of death

	Duration
Carcinoma of the Liver	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carol Fraker M. D.
Address 1872 N. Road St Date signed 6/5/43

G 05061 3- G 05061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625-E.Oliver Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625-E.Oliver Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick C. Blakeney

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma M. (Jones)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/20/1863

8. AGE: Years	Months	Days	If less than one day
80	4	16 15	--- hr. --- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sign-Painting
11. Industry or business Self

FATHER
12. Name Wm. H. Blakeney
13. Birthplace Maryland.

MOTHER
14. Maiden Name Charlotte E. (Robinson)
15. Birthplace Maryland.

16 (a) Informant Mrs. Emma M. Blakeney
(b) Address 1625-E.Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Av. Balto. Co. Md

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) Filed 1943 (b) (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 12 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to June 1943, and that I last saw h— alive on June 5 1943.

Immediate cause of death: Pulmonary Edema — Duration: 7
Due to: Cardiac Insufficiency — Duration: 7
Due to: — Duration:
Other Conditions: Arteriosclerosis, Hypertension — Duration: 7
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Logan M. D.
Address 1766 E North Ave Date signed 6/7/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05062
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Lamont St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Beverly A McKittrick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7-15-42

8. AGE: Years 1 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Luke McKittrick
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary A Trentler
15. Birthplace Baltimore Md

16 (a) Informant Luke Wm. McKittrick
(b) Address 1600 Lamont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director George J Ruth Inc
(b) Address 735 Hanford Ave

19 (a) JUN 6 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1943, at 8.50 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Broncho-pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/7/43

VS 161

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1107

G 05063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Lamont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Lamont Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Henry McKittrick.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/15/42

8. AGE: Years 1 | Months 1 | Days 20 | If less than one day — hr. — min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Child
11. Industry or business —

FATHER
12. Name Luke Wm. McKittrick
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary A. Trantter
15. Birthplace Balto Md.

16 (a) Informant Luke Wm. McKittrick
(b) Address 1600 Lamont Ave.

17 (a) Burial (b) Date thereof 6/7/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Ruth Inc
(b) Address 1736 Eutaw Pl

19 (a) 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1943, at 6:[illegible] P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death Broncho-pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. Nicholson M.D.
Medical Examiner.
Date signed 6/5/43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 05064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05064 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. York Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Dailey

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1892 —

8. AGE: Years 51 | Months | Days | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Henry Dailey
(b) Address 109 W. York St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a-a-Co. Md

18 (a) Funeral director James A Stango
(b) Address 142 W Hill St

19 (a) JUN 6 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1943 at 10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haslam M.D. Medical Examiner.
Date signed 6-5-43

G 05065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

G 05065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave & Johns St.
(c) Hospital or institution:
Hospital for the Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give county)
(d) Street No. Chadford Apts., Poland Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Isabel Henderson.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1858.

8. AGE: Years	Months	Days	If less than one day
85	3	0	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Thomas Henderson
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Barron
15. Birthplace Ireland

16 (a) Informant Emma C. Henderson
(b) Address Chadford Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave & Gay

18 (a) Funeral director Solon Orndorff Sons
(b) Address 1900 Eutaw Place

19 (a) Date received by Registrar June 8 1943 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 5 1943, and that I last saw her alive on June 5 1943.

Immediate cause of death	Duration
Intestinal obstruction	12 days
Due to Strangulated femoral hernia, left.	12-15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 4, 1943
Major findings of operation: Strangulated femoral hernia, left.
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellige M. D.
Address 1404 Park Ave. Date signed 6/5/43

G 05066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05066 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMAIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. Charles St. (If rural give location) 4 Flat
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Doctor Fannie E. Hoopes

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1858

8. AGE: Years	Months	Days	If less than one day
84	7	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name William H. Hoopes (D)
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Georgiana Wilhelm (D)
15. Birthplace Pennsylvania

16 (a) Informant Blanche L. Hoopes
(b) Address Bearstone apts.

17 (a) Disposition (burial, cremation, or removal) (b) Date thereof June 7/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & North Ave.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 904 Eutaw Place
(c) 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June Sixth 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943, to June 5 1943 and that I last saw h[er] alive on June 6 1943.

Immediate cause of death: Cardiac Failure — Duration: 4 hrs

Due to Hypertensive Arteriosclerotic Heart Disease

Due to

Other Conditions Pulmonary infarct (recently)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norland Edward Jay M.D. M. D.
Address Union Memorial Hosp. Date signed June 6/43

VS 200

G 05067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1927

Registered No. G 05067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 N. Carlin Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 N. Carlin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel B. Snowden
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ida Snowden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/18/869
8. AGE: Years 73 | Months 5 | Days 15 | If less than one day hr. min.
9. Birthplace Prince George Co., Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Snowden
13. Birthplace Prince Geo. Co. Md

MOTHER
14. Maiden Name Abare Hebron
15. Birthplace Prince Georges Co., Md

16 (a) Informant Mrs Ida Snowden
(b) Address 711 N Carlin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1927 (Month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location
18 (a) Funeral director Mrs. Robert G. Edelen & Daughter
(b) Address 1129 N. Carlin St.
19 (a) [illegible] (b) Hunting for Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1927, at 1 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1927 to June 3 1927 and that I last saw h[illegible] alive on June 1 1927.

Immediate cause of death — Duration

Valvular heart disease

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 1 E Monument Date signed June 3 1927

JUN 6 1927

G 05068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 05068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madeira St
(c) Hospital or institution Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore (Rural)
(c) City or town Baltimore (Lyndon) (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dollie Stockdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1855

8. AGE: Years 87 | Months — 6 | Days — 1 | If less than one day hr. min.

9. Birthplace — (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Stockdale
13. Birthplace Reisterstown

MOTHER
14. Maiden Name Eliza Cole
15. Birthplace Reisterstown

16 (a) Informant Eliz Stockdale
(b) Address Same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1943 (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran Cemetery
Location Reisterstown Md

18 (a) Funeral director Wm Berryman & Sons
(b) Address Reisterstown Md

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md

JUN 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/43 1943, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1943 to 6/5 1943, and that I last saw her alive on 6/5 1943

Immediate cause of death Cardiac failure.

Due to Arteriosclerosis.

Due to Senility

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Maurice Shat

Address Md Gen Hosp Linden & Madeira St Date signed 6/5/43

G 05069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 05069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Le Duc.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 107-04-6186

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Henry Le Duc

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug 23. 1892

8. AGE: Years	Months	Days	If less than one day
50 54	9	11	hr. min.

9. Birthplace Troy. New York. (Town, county and state)

10. Usual Occupation Janitress

11. Industry or business Masters. Co

FATHER
12. Name Hegley
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Henry. Le. Duc
(b) Address 2914 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Troy New York

18 (a) Funeral director Thos. J. Kenny
(b) Address 1600 Hollins St.

19 (a) Filed JUN 6 - 1943 (Date received by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1943, at 8:20 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/5/43.

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 05070
~~G 05069~~
455762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

80B

H 05070
~~G 05069~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4939 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Ann Harmon

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-35

8. AGE: Years	Months	Days	If less than one day
7	6	20	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Harmon
13. Birthplace Va.

MOTHER
14. Maiden Name Della Stapp
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory McGaheysville
Location McGaheysville Va.

18 (a) Funeral director Frank A. Neuret
Address Pikesville, Md.

19 (a) JUN 6 - 1943 Huntington Williams MD
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

35

20. DATE OF DEATH June 5 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1943 to June 5 1943 and that I last saw alive on June 5 1943

Immediate cause of death Respiratory Failure — Duration 4 days

Due to Encephalitis

Due to cause undetermined

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: not obtained

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 6/8/43

G 0507

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 0507 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 N. Collington Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mabel C. Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife: Philip H. Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1892

8. AGE: Years	Months	Days	If less than one day
50	10	10	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation house work
11. Industry or business

FATHER
12. Name Richardson
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Susie Drury
15. Birthplace A. A. Co. Md.

16 (a) Informant Mrs. F. Strine
(b) Address 1722 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

JUN 6 - 1943 (While not a) by registrar Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 11:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 2 1943 and that I last saw her alive on June 2 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension Ch. Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuerling M. D.
Address St. Joseph's Hosp. Date signed 6-3-43

V8 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195E

Registered No. G 05072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Hartman Jr

3 (b) If veteran, name war: N
3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1. 1942

8. AGE: Years — | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Wilbur M Hartman
13. Birthplace Md

MOTHER 14. Maiden Name Edna May Dalowder
15. Birthplace Md

16 (a) Informant William M Hartman
(b) Address 17 N Pearl St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 6/6/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Mayfield Md

18 (a) Funeral director Wilbur Coffin Inc
(b) Address 1217 E Pratt St

19 (a) JUN 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 4 20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Strangulation due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 5 1943 at 4 20 P.M.
(b) Where did injury occur? 17 N. Pearl St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Head caught between bars of crib

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed June 6 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05073 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days.)~~ 14
(e) Length of stay in Baltimore ~~(yrs., mos., or days.)~~ 14

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Southport Norris. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Irvin McCoy

3 (b) If veteran, name war: XXX
3 (c) Social Security Account No. XXX

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2nd, 1910

8. AGE: Years 33 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Norfolk, Virginia. (Town, county, and state)
10. Usual Occupation Merchant Seaman
11. Industry or business "

FATHER
12. Name William McCoy
13. Birthplace Norfolk, Virginia.

MOTHER
14. Maiden Name Ida Diggs.
15. Birthplace Norfolk, Virginia.

16 (a) Informant Patient.
(b) Address Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8th 1943 (month) (day) (year)
(c) Cemetery or crematory John Wesley Memorial
Location North Port Norris N.J.

18 (a) Funeral director John O. Mitchell Home
(b) Address 1900 Eutaw Place

19 (a) June 8th 1943 (b) Harrington Wm. Registrar
Harrington, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th, 1943, at 10:25PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22/43 19 to 6/5/43 19, and that I last saw him alive on 6/5/43 19

Immediate cause of death: Spontaneous Subarachnoid Hemorrhage — Duration: 2 Wks.
Due to: Rupture of Congenital Aneurism or — Duration:
Due to: Hypertension. Hypertensive Cardio-Vascular Dis. — Duration: Unk.
Other Conditions: Syphilis Tertiary — Duration: 10 Mo.
Terminal Bronchopneumonia.
(Include pregnancy within 3 months of death)
Date of operation: Lumbar Punctures.
Major findings of operation:
of autopsy: None.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emerson G. Goddard M. D.
U.S. Marine Hospital
Address Baltimore Md. Date signed 6/6/43

G 050574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 S. Ann St.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County "
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Catherine Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/11/43

8. AGE: Years | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Woodrow Carr
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Alice Summes
15. Birthplace W. Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Cumberland Md.

18 (a) Funeral director J. Heumann & Son
(b) Address 32 S. Broadway

19 (Date rec'd by registrar) JUN 7 — 1943 Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 6 1943 and that I last saw her alive on June 6 1943

Immediate cause of death Respiratory Failure and Pneumonia

Due to Bronchopneumonia

Due to

Other Conditions Cardiac Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Demetrius D. Troppa M. D.
Address Johns Hopkins Hospital Date signed 6-6-43

G 05075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160a

G 05075
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Dillon Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Emily Selin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1943

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Andrew Selin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mildred Jenkins
15. Birthplace Baltimore, Maryland

16 (a) Informant Mildred Selin
(b) Address 3116 Dillon Street

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane

18 (a) Funeral director John J. Dudd
(b) Address 2829 Hudson St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 5 1943, and that I last saw him alive on June 5 1943.

Immediate cause of death Intracranial hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morton I. Hamburger M.D.

Address Date signed

Please write the causes of death clearly and legibly. Physicians:

G 05076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G 05076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 E 30 St-
(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(c) Street No. 1728 E 30 St
(If rural give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter W Beigel

3 (b) If veteran, name war Yes Town 18 | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna S Beigel
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept 12 1895

8. AGE: Years	Months	Days	If less than one day
47	8	24 23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Md Veterans Commission
11. Industry or business

FATHER
12. Name Paul Beigel
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Anna S Beigel
(b) Address 1728 E 30 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/43 (month) (day) (year)
(c) Cemetery or crematory Bells National
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19 (a) (b) Huntington Williams, M.D. Registrar

JUN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 12 15P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to June 5 1943 and that I last saw alive on June 4 1943

Immediate cause of death Coronary Embolism — Duration 10 min

Due to Mitral Regurgitation Arteriosclerosis — Duration 5 yrs

Due to Chr Parenchymatous nephritis — Duration 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Thos F A Stevens M. D.
Address 278 Harford Rd Date signed 6-6-43

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

G 05077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05077 Registered No. 1378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md. 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S. Dean Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CONRAD APPEL

3 (b) If veteran, name war: World War I.
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Barbara Winkler
6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): May 21, 1861

8. AGE: Years	Months	Days	If less than one day
82	0	12 6	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Retired 1922--USCG
11. Industry or business: Coast Guard

FATHER
12. Name: George Appel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret
15. Birthplace: Germany

16 (a) Informant: Records US Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th (month) (day) (year)
(c) Cemetery or crematory Mt. Calvert
Location City

18 (a) Funeral director: Ulrich Funeral Home
(b) Address 2004 E. Oliver

19 (a) June 7 1943 (Date received by local registrar) (b) Huntington Hollins M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1943, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1943 to June 4, 1943, and that I last saw him alive on June 4, 1943.

Immediate cause of death	Duration
Generalized arteriosclerosis	Unk
Due to	
Due to	
Other Conditions Chr. prostatitis and prostatic calculi; Prostatic perineal fistula (Include pregnancy within 3 months of death)	

Date of operation 5/24/43
Major findings of operation: Repair of perineal fistula
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. S. Bean M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 6/5/43

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

G 05078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

G 05078
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E ORLEANS St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DIANA Hughes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-42

8. AGE: Years	Months	Days	If less than one day
	11	11	hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Cecil Hughes
13. Birthplace D.C.

MOTHER
14. Maiden Name Elaine
15. Birthplace md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof June 8
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Sellers Funeral Home
(b) Address 2004-8. Orleans

19 (a) JUN 7 — 1943
(Registered by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 5 1943 at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 4 1943 to JUNE 5 1943, and that I last saw h[illegible] alive on JUNE 5 1943

Immediate cause of death: Heat Stroke — Duration 6 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius DeVaggis M. D.
Address Johns Hopkins Hospital Date signed 6-8-43

Spec.—1-10-21—M&T—1500 Blks.

BRUNNER ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 05079 G 05079

CERTIFICATE OF DEATH. 160B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Highland Ave ST., WARD)

2-FULL NAME Ronald Allen Brunner.

(a) RESIDENCE NO. 133 N. Highland Ave ST. 26-4 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W	Infant

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry Brunner.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mc. K. Nelson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Wilhemina K. Brunner.
(Address) 133 N. Highland Ave.

15 JUN 7 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1943

17 I HEREBY CERTIFY, That I attended deceased from June 3 1943 to June 4, 1943 that I last saw h alive on June 4 1943 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Compression of brain during normal delivery (see note on reverse side)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NA Date of

Was there an autopsy? NA.

What test confirmed diagnosis? Surgical findings

(Signed) Allen G Statham M. D.

6-4 1943 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL 6/7 1943

20 UNDERTAKER H. Sander & Sons

ADDRESS North Ave. & Bdwy.

TION is very important. See instructions on back of certificates.

G 05080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hours.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA AGNES SANDER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12. 1860

8. AGE: Years	Months	Days	If less than one day
83	4	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Sander
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Young
15. Birthplace Germany

16 (a) Informant Geo. F. Sander (Nephew)
(b) Address 1649 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) JUN 7 - 1943 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 5 1943, and that I last saw her alive on June 5 1943.

Immediate cause of death: Congestive Heart Failure — Duration:
Due to: Hypertensive Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Luebing
Address St. Joseph's Hosp. Date signed 6-7-43

VS 3

G 05081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 05081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Israi Hospital 2-7-18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5014 Denmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAPPERSTEIN, HARRY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife JENNIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Linen floyd
11. Industry or business Tailor

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Jennie Sapperstein
(b) Address 5014 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Israi Israel Cong
Location Smithson Avenue

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Balto. St

JUN 7 1943 (b)
(Date received by Registrar) Registrar

VS 220 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943, to June 6 1943, and that I last saw h[illegible] alive on June 6 1943.

Immediate cause of death	Duration
Uremia	
Due to Chronic nephritis	
Due to Arteriosclerosis	
Other Conditions Gastric ulcer, hyper. tension, Cardiac failure	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving H. Kaiser
Address Israi Hospital Date signed 6-6 M. D.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

G 05082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

198

G 05082 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954 Forest St.

(c) Hospital or institution: Maryland Penitentiary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 17 10

(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 1206 Asquith St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Freeman Holton

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1920

8. AGE: Years 23 | Months 4 | Days 30 29 | If less than one day hs. min.

9. Birthplace Greensboro, N. Car. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Raymond Holton

13. Birthplace North Carolina

MOTHER 14. Maiden Name Dola Coy

15. Birthplace North Carolina

16 (a) Informant Dola Holton

(b) Address 1206 Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem. Location B. A. County, Md.

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Caroline St

19 (a) [redacted] Huntington W. Va.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 12 33 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943, to June 4 1943, and that I last saw him alive on June 4 1943.

Immediate cause of death: Dislocation of 5th cervical vertebra

Due to: Execution by hanging

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond M. Cunningham M. D.

Address 10 So. Bernice Ave. Date signed 6-4-43

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Fill in all blanks. Be sure and give correct age in years, months and days if under one year. Physicians: please write the causes of death clearly and legibly.

G 05083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 05083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 309 S. Collins Ave

(c) Hospital or institution: 20

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 309 S. Collins Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Barbara Meyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/30/1859

8. AGE: Years 83 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Adam Hildebrand

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace Germany

16 (a) Informant Anna Mae Meyer

(b) Address 309 S Collins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 43 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Baltimore Md

18 (a) Funeral director F. B. WIPPERT Son

(b) Address 300 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS Form JUN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/1943, at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to June 4 1943 and that I last saw her alive on June 4 1943.

Immediate cause of death Uremia

Due to Chronic Interstitial Nephritis

Due to Arteriosclerosis & hypertension

Other Conditions Myocarditis

(Includes pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury?

23. Signature Thomas S. Bowyer M.D.

Address Med Arts Bldg Date signed June 5. 1943

G 05084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 05084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St Agnes Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County BALTIMORE

(c) City or town Balto Ha Ettsville P.O. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1727 Magnolia Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas O. Hilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rachel Hilton

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 12-1869

8. AGE: Years 74 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Md - (City, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto Ground

MOTHER / FATHER

12. Name James L. Hilton

13. Birthplace Md

14. Maiden Name Sarah E Mullinex

15. Birthplace Md

16 (a) Informant St Agnes

(b) Address Hilton Ave & Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park. Location Baltimore Md

18 (a) Funeral director J. J. Kappert & Son

(b) Address 210 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/ 1943, at 5 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/23 1943 to 6/5 1943, and that I last saw h[illegible] alive on 6/5 1943

Immediate cause of death: Septicaemia

Due to: Pyelonephritis

Due to:

Other Conditions: Benign Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard J. Stein, M.D.

Address St Agnes Hosp. Date signed 6/5/43

G 05085 KORNMANN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G 05085

PRESS WHITE PANEL WITH UNYIELDING INK. Every item of information should be given. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2579 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 52
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2579 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Johanna Kornmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband ~~or wife~~ Henry Kornmann
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 22-1868

8. AGE: Years	Months	Days	If less than one day
75	3 4	14 13	hr. min.

9. Birthplace Bremen Germany
(Town, county, and state)
10. Usual Occupation Domestic, wife
11. Industry or business —

FATHER
12. Name ? Klemmer
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany.

16 (a) Informant John Kornmann
(b) Address 2579 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1943 (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director F. B. Wright & Son
(b) Address 1300 Eutaw Place

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5- 1943 at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1- 1943 to June 5-1943, and that I last saw her alive on June 2- 1943.

Immediate cause of death Coronary Thrombosis — Duration 9 hrs.

Due to Organic Heart Disease — Duration Long Standing

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave. Date signed 6-5-43

G 05086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05086 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Carolina St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Riverside Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY L. RICE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mae (Bullock)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 28 - 1873

8. AGE: Years	Months	Days	If less than one day
70	1	6	hr. min.

9. Birthplace Frederick — Md. (Town, county, and state)
10. Usual Occupation Labor Foreman
11. Industry or business Balto County Roads

FATHER
12. Name Healey G. Rice
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Montgomery
15. Birthplace Md.

16 (a) Informant Healey W. Rice
(b) Address 4116 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 - 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John F. Connelly
(b) Address 416 Eastern Ave. Essex

19 (a) JUN 7 (Date filed by registrar) (b) Harriet Lee Williamsville Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 4 1943, at 11:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 31 1943 to 6 - 4 1943, and that I last saw h[illegible] alive on 6 - 4 1943.

Immediate cause of death: Pulmonary Embolism — Duration

Due to (a)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Baldwin M. D.
Address St. Joseph's Hosp Date signed 6 - 5 - 43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 05087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Compton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Bailey

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) NOV 9 1870

8. AGE: Years 72 73 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Ga
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Patrick Griffin
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant John Hampton
(b) Address 1023 Compton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 9 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co Md

18 (a) Funeral director Wilson & Love
(b) Address 1319 E. Saratoga St

JUN 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1943, at 10 P. M.

21. I certify that I took charge of the remains described above, held an inspection of body thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wheelan M.D.
Medical Examiner.
Date signed 6-5-43

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330 Registered No. G 05088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Aulaski Sts
(c) Hospital or institution: Bon Secours Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2163 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Gail Stull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 - 1943

8. AGE: Years	Months	Days	If less than one day
—	1	23	12 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles E. Stull
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Gatunde C. Hughes
15. Birthplace Baltimore Md.

16 (a) Informant Charles E. Stull
(b) Address 2163 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1943 (month) (day) (year)
(c) Cemetery or crematory Forest Olivet
Location Baltimore

18 (a) Funeral director George L. Lefevre
(b) Address 2103 Frederick Ave

19 JUN 7 1943 (Date rec'd by registrar) (Signature) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1943 at 11:20 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1943 to 6-4 1943 and that I last saw her alive on 6-4 1943

Immediate cause of death: Bilateral pyo-ureters and pyelo nephritis — Duration: 4 weeks
Due to: Congenital Strictures ureters Bilateral — life
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Seen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kreig MD
Address Bon Secours Hosp Date signed 6-5-43 M. D.

05089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C 05089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Woodall St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Woodall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Rebecca Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Wm. A. Jones, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1884

8. AGE: Years	Months	Days	If less than one day
58	8	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Bast
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen (P.)
15. Birthplace Maryland

16 (a) Informant Melvin E. Jones
(b) Address 1426 Jonquil St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location B. A. Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 E. Chase St.

19 JUN 7 - 1943 Huntingtor Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 6 50 P M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to arteriosclerosis, generalized.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 6 1943.

VS 151

G 05090 ✓ G 05090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Riverside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph B. Germershausen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia M. Germershausen
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Aug 11 - 1877

8. AGE: Years	Months	Days	If less than one day
65	9	24 22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Proprietor of Tavern
11. Industry or business Own business

FATHER
12. Name Joseph Germershausen
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Christine Scheme
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Julia Germershausen
(b) Address 1200 Riverside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Pitcher & Highway

18 (a) Funeral director Elizabeth A. Harle Funeral Home
(b) Address 115 E. West St.

19 (a) JUN 7 1943 (b) (Signature of registrar) Registrar

VS 2

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1943, to June 4 1943, and that I last saw him alive on June 4 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 2 mos

Due to — Hemiplegia — 2 mos

Due to Chronic Nephritis — 6 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.

Address 1279 Williams St Date signed 6/5/43

Keep this copy permanently. Typewriter preferred; if not, please write the cause of death clearly and legibly.

G 05091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

G 05091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1337 N. Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 1337 N. Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. H. West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm West

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1875

8. AGE: Years 64 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Amley Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm H. West
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Minnie Nace
(b) Address 1337 N. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary - 6 - 9 - 1943
Location Brooklyn Md

18 (a) Funeral director Geo. T. A. Gibson & Son
(b) Address 1235 Druid Hill Ave

19 (a) [redacted] (Date received by registrar) (b) Hunting for Williamsburg, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943, to June 5 1943, and that I last saw h[illegible] alive on June 5 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: May 24/43

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N.K. Pettitaine M. D.
Address 817 Hamilton St Date signed June 7/43

05092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a

✓ G 05092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 647 George St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 647 George St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Howard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Drumgoole
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruth Howard
15. Birthplace Balto. Md.

16 (a) Informant Ruth Howard
(b) Address 647 George St

17 (a) Burial (b) Date thereof June 7, 43
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie M. Williams
(b) Address 3224 W. Baltimore St

19 (a) JUN 7 1943 (b)
(Date rec'd by registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1943, 1.45 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to accidental death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Suffocation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/5 at 1 a.m. A.M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? —
(d) Means of injury Covered Self with Sheet

23. Signature Joseph B. Birnie M.D.
Medical Examiner.
Date signed 6/5/43.

Director Registration

05093

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 05093

CERTIFICATE OF DEATH

467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Park Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie C. Weaver (Howard)

(a) Residence: No. 1621 Park Ave St., 14th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C Weaver

6. DATE OF BIRTH (month, day, year) Oct 20, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (Month and year) April 1943

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Haag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lola E Hartig (Complete)

(Address) 1621 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/7/43 19

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Baltimore, Md.

JUN 7 - 1943

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 , 1943

22. I HEREBY CERTIFY, That I attended deceased from 1935 to June 5 , 1943

I last saw her alive on June 4 , 1943 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of rectum	8/43

Other contributory causes of importance:

None

Was an operation performed? no Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis W. Gluck M. D.

(Address) 715 Park Ave

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05094 Registered No.

05094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 Towson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Towson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Glenzer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Charles W. Glenzer

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 24th 1893

8. AGE: Years 49 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md. (City, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Sylvester Raisler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Margaret Purbis
(b) Address 1308 Towson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave

19 (a) (Date received) JUN 7 - 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/43 19 . at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to 6/4 1943, and that I last saw her alive on 6/4/43 1943.

Immediate cause of death: Acute Myocarditis — Duration: 6 days

Due to - Arteriosclerosis — 1 yr.

Due to Chronic Nephritis — 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams, M.D. Address 1279 William St Date signed 6/5/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05095

G 05095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Eutaw Place. Marlborough Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-1
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: DEANA RICE

3 (b) If veteran, name war: ----------

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: ?

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1858.

8. AGE: Years 84 | Months 4 5 | Days 24 23 | If less than one day ____ hr. ____ min.

9. Birthplace Georgetown, D.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry Rohr.

13. Birthplace Germany.

MOTHER 14. Maiden Name Lizzie Nyberger.

15. Birthplace Germany.

16 (a) Informant Mrs. Lee Lowman (Sister)

(b) Address 5720 Oakshre Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43. (month) (day) (year)

(c) Cemetery ~~cremetory~~ Har Sinai

Location Baltimore, Md.

18 (a) Funeral director Harris Sonneborn & Son

(b) Address 1902 Eutaw Place.

19 (Date received) 1943 Registrar Harrington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6th. 1943, at 6 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943, to June 6 1943, and that I last saw her alive on June 5 1943.

Immediate cause of death: Coronary thrombosis — Duration: 1 day

Due to: arteriosclerosis — 5 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Frederick Lantz

Address Temple Garden Apts. Date signed 6/9/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

G 05096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 S. Calhoun Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S. Calhoun Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Teofilia Michalski

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1861

8. AGE: Years	Months	Days	If less than one day
82	1	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Sumalski
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Francis Rodgers
(b) Address 1705 Roper Bros Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore

18 (a) Funeral director Philip Hannig Sons
(b) Address 2024 Orleans St

19 (a) JUN 7 1943 Huntington Williamsport Md

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1943, at 11 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchio-pneumonia

Due to

Other Conditions Fractured left neck of humerus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury 5-29-43 at 10 A M 1943
(b) Where did injury occur? 215 S. Calhoun St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? [illegible]
(d) Means of injury Stumbled over floor rug

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 6-7-43

AB-61740 G 05097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1480

G 05097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E. 30th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys E Young

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-20.1384

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Earl Russell Sr
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) June 14-1920

8. AGE: Years	Months	Days	If less than one day
22	11	22	24 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Allen Burke
13. Birthplace N. York State

MOTHER
14. Maiden Name Amy E Green
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1943 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Park
Location Loyola Ave
18 (a) Funeral director Pratt & B. M. Walter
(b) Address Pratt & Stricker Sts

19 (a) JUN 7 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1943 to 6-5 1943, and that I last saw him alive on 6-5 1943.

Immediate cause of death ? Toxemia of pregnancy ? Retrocentral fibrin Hemorrhage — Duration 3 mos. 3 mos.
Due to
Due to
Other Conditions Delivered 5-29-43 (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Robertson M. D.
Address Balto. City Hosp Date signed 6-6-43

G 05098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05098 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1101 N. Carrollton Ave 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Gayles

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widower

6 (b) Name of husband or wife Betty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1880

8. AGE: Years	Months	Days	If less than one day
62	7	13	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER 12. Name Geo. Valentine
13. Birthplace Va.

MOTHER 14. Maiden Name —
15. Birthplace Va.

16 (a) Informant Hattie Redfue
(b) Address 1101 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman

19 (a) (Signature of undertaker) (Registration No.)
JUN 7 1943
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3 1943 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 3 1943, and that I last saw h— alive on June 3 1943.

Immediate cause of death: Cardiac Insufficiency — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas. Wall M. D.
Address 2 E Madison Date signed 6-5-43

G 05099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 05099 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 769 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 769 George St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nathaniel Grimage

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	2625	____ hr. ____ min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Elijah Grimage
13. Birthplace Md

MOTHER
14. Maiden Name Charity Stewart
15. Birthplace Md

16 (a) Informant Elizabeth Grimage
(b) Address 769 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore Md

18 (a) Funeral director Charles B. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (Date received by Registrar) (b) Registrar

JUN 7 1943

VS 188

Hunting for Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1943 to June 2 1943 and that I last saw him alive on June 2 1943

Immediate cause of death: Myocarditis — Duration: 1 year

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 743 Eutaw Date June 5 1943

G 05100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6551 St. Helena Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DELPHIN DEMPSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 192-05-6563

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Maria Schaffner
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1907

8. AGE: Years	Months	Days	If less than one day
35 34	8	11	hr. min.

9. Birthplace Johnston, Penna.
(Town, county, and state)
10. Usual Occupation Lay out man Plate mill
11. Industry or business Bethlehem Steel

FATHER
12. Name Perry J. Dempsey
13. Birthplace Penna.

MOTHER
14. Maiden Name Mabel Kelly
15. Birthplace Penna

16 (a) Informant Perry J. Dempsey (father)
(b) Address 416 Wood St Johnston

17 (a) Removal (b) Date thereof 6-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Johnstown, Penna.

18 (a) Funeral director Wm. J. Eichenlaub Sons
(b) Address South & Penna Ave

19 (a) Filed JUN 7 1943 Huntington Williams, M.D.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 2 10 PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumococcus meningitis
acute suppurative
Due to Pneumonia, lobular
primary atypical
Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-4-43

VS 181

G 05101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05101

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 S. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William R. Bryant

3 (b) If veteran, name war

3 (c) Social Security Account No. 401-01-8124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Willie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1902

8. AGE: Years	Months	Days	If less than one day
41	2	-	hr. min.

9. Birthplace Spardwell Jamm. (Town, county, and state)

10. Usual Occupation

11. Industry or business Shipyard

FATHER 12. Name Oscar Bryant

13. Birthplace Spardwell, Jamm.

MOTHER 14. Maiden Name Bessie Haynes

15. Birthplace Spardwell Jamm.

16 (a) Informant Willie Bryant

(b) Address 38 S. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)

(c) Cemetery or crematory Middlesboro Ky.

Location Kentucky

18 (a) Funeral director Sol Lerner Bros

(b) Address 1124 W North Ave

19 (a) JUN 9 1943 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 5-05 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed June 6 1943

VS 151

G 05102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1920

Registered No. G 05102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Liberty Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Robert Chambers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cora M. Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29 1877

8. AGE: Years	Months	Days	If less than one day
66	2	7 6	hr. min.

9. Birthplace Hanover Pa. (Town, county, and state)
10. Usual Occupation Contracting Plasterer
11. Industry or business

FATHER
12. Name Joseph Chambers
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Sherman
15. Birthplace Penna.

16 (a) Informant Cora May Chambers
(b) Address 4108 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Hanover Pa.

18 (a) Funeral director Harry A. Linnard
(b) Address 4204 Ridgewood Ave

19 JUN 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to June 1943, and that I last saw him alive on June 1st 1943

Immediate cause of death — Duration

Congestive Heart Failure — 6 mos.
Due to Mitral Rheumatic Disease — 34 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Woll M.D.
Address #11 East Chase St. Date signed 6/6/43
Baltimore, Maryland

G 05103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G 05103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Belview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Belview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1749

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Mail Clerk Dept
11. Industry or business Internal Revenue

FATHER
12. Name Lewin Wright
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Helen Frances Rose
15. Birthplace Unknown

16 (a) Informant Clara M. Robson
(b) Address 4106 Belview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Harry A. Cunnacock
(b) Address 4204 Ridgewood Ave

19 (a) JUN 7 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Grahame M.D. Medical Examiner.
Date signed June 6 1943

G 05104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05104
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Eleet St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Eleet St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA ROZANOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-5806

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Wm. Rozanowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1908

8. AGE: Years	Months	Days	If less than one day
35	4	7	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Stubel
13. Birthplace Prussia

MOTHER
14. Maiden Name Hyda Rov
15. Birthplace Germany

16 (a) Informant Wm. Rozanowski
(b) Address 1813 Eleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville, Md.

18 (a) Funeral director Lally & Zeiler
(b) Address 403 N. Howard St

19 JUN 7 - 1943 (Date received by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1943 at 8:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular
Due to diseases

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AaCa. 5-21 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

05105 05105

CERTIFICATE OF DEATH

938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Aliquippa St. 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Burgess

(a) Residence: No. 112 Aliquippa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas Burgess

6. DATE OF BIRTH (month, day, year): Oct 12 1865

7. AGE: Years 77 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joseph Burgess

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary — Maryland

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Church Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: W.F. Woodlawn Date: June 7 1943

19. UNDERTAKER: Mrs Katie Rea Williams
(Address) 222 N Schroeder St.

20. JUN 7 - 1943 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1943 to June 5, 1943
I last saw h[illegible] alive on June 5, 1943 death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Complications — 2
Fever — 1

Date of onset

Other contributory causes of importance:
Dyspepsia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) C Stewart M. D.
(Address) 628 N Mount St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 05106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Leeds St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H Sewell, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alma Sewell
6 (c) If alive, give age 66 yrs

7. Birth date of deceased (mo., day, yr.) August 27, ~~1878~~ 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	9	8		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business B & O RR

FATHER
12. Name Charles Sewell
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. Alma Sewell
(b) Address 3110 Leeds St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillis Lamotte
(b) Address 1005 W. Baltimore St.

19 (a) Filed June 7 1943 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to June 5 1943, and that I last saw him alive on June 5 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days
Due to: Hypertensive Cardiovascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma H. Hougman M.D.
Address Univ. Hospital Date signed 6/6/43

(over)

W 20 05107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05107
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 E Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 2
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 E Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Ann Hoover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife W. D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1891

8. AGE: Years	Months	Days	If less than one day
51	11	16	hr. min.

9. Birthplace Orangeburg S C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace S C

MOTHER
14. Maiden Name Marcella Edwards
15. Birthplace S C

16 (a) Informant Bessie West
(b) Address 221 E Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 JUN 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 19 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30/ 1943 to 6/5/ 1943. and that I last saw h alive on 6/4/43 19

Immediate cause of death Coronary occlusion — Duration Im-mediate.

Due to

Due to

Other Conditions Hypertensive cardio vascular disease -- chronic arthritis ?
(Include pregnancy within three months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weitel M. D.
Address 1226 Hanover St Date signed 6/7/43

G 05108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

Registered No. G 05108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Gough St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Gough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur Morrison

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 220-01-1366

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife: Josephine Morrison

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 2 1891

8. AGE: Years 51 ~~Months~~ 9 Days 4 If less than one day: hr. min.

9. Birthplace: Front Royal Virginia
(Town, county, and state)

10. Usual Occupation: Restaurant Manager

11. Industry or business: Restaurant

FATHER
12. Name: Wilbur Morrison
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Belle ?
15. Birthplace: Virginia

16 (a) Informant: Le Roy W. Morrison (Son)
(b) Address: 3815 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/43 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Harford Rd. & Taylor Ave

18 (a) Funeral director: Frank Della Noce
(b) Address: 52 Manley St. Washington Wilkins, Md.

19 (a) JUN 7 - [redacted] (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 2 35 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cirrhosis of liver

Due to Cirrhosis alcoholism

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner
Date signed June 6 1943

VS 151

G 05109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

Registered No. 05109

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) P

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 376 Forrest Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Angela Monastero

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Giuseppe Monastero

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1876

8. AGE: Years 67 | Months 4 | Days | If less than one day: hr. min.

9. Birthplace Cefalu Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name Giuseppe Di Fatta
13. Birthplace Italy

MOTHER
14. Maiden Name Dorotea Tamburo
15. Birthplace Italy

16 (a) Informant Frances Pizzitota (Daughter)
(b) Address 376 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 JUN 7 - 1943 Huntington, W. Va.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943, to June 6 1943, and that I last saw h[illegible] alive on June 6 1943.

Immediate cause of death Heart failure — Duration

Due to Arteriosclerotic degenerative C-V. disease & hypertension

Due to

Other Conditions intestinal obstruction due to incarcerated femoral hernia

(Include pregnancy within 3 months of death)

Date of operation 6/2/43

Major findings of operation: intestinal obstruction due to incarcerated femoral hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jay M. Zimmerman M. D.
Address Md. Gen. Hosp. Date signed 6/6/43

05110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. G 05110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Curtis U. Ramsey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Jamestown - S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew A. Ramsey
13. Birthplace S.C

MOTHER
14. Maiden Name Sarah Ramsey
15. Birthplace S.C

16 (a) Informant Henry B. Ramsey
(b) Address New Jersey

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Jamestown S.C.
Location S. C.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 JUN 7 - (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943, at 2 PM

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab wound of chest.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 3rd 1943 2 PM
(b) Where did injury occur? Home of 823 McDonough St
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? no
(d) Means of injury Stabbed

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 3rd 1943

VS 181

05111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12-5-a

Registered No. G 05111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1914

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (Sister's add.: 1720 Brent-wood Ave., Balto., Md.) (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME FOSTER B. HOLMES

3 (b) If veteran, name war World's War

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1894

8. AGE: Years	Months	Days	If less than one day
48	7	13 10	- hr. min.

9. Birthplace Gloucester Co., Va. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business "

FATHER
12. Name John Holmes
13. Birthplace Gloucester Co., Va.

MOTHER
14. Maiden Name Rebecca Taylor
15. Birthplace Gloucester Co., Va.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Baltimore

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 JUN 7-1943 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH June 5, 1943 at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 19, 1943 to June 5, 1943, and that I last saw him alive on June 5, 1943.

Immediate cause of death Tuberculosis of both adrenals and left epididymitis; moderate amyloidosis of ~~xxxxx~~ liver, kidneys & spleen — Duration: Unk. / Unk.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: -
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. S. Bean M. D.
Address Baltimore, Md. Date signed 6/7/43

VS 250

No. Va-13052

05112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1104a

G 05112
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 352 South Woodyear St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ELIZABETH ANN STEELE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1942

8. AGE: Years	Months	Days	If less than one day
1	4	30	hr. min.

9. Birthplace New York City, N.Y. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Ralph A. Steele
13. Birthplace Maine

MOTHER
14. Maiden Name Frances Fallman
15. Birthplace New York

16 (a) Informant Mr. Ralph A. Steele
(b) Address New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 701 Hopkins St

19 (a) JUN 7 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1943, at 10:20 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry & Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Septicemia

Due to Upper respiratory tract infection

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 7 1943.

VS 181

G 05113

Knobel

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G 05113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Key Highway
(c) Hospital or institution: Bethlehem Shipyard Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. E Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If so, name country

3 (a) FULL NAME GEORGE KNOBEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0415

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Violetta Knoble

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 27 1909

8. AGE: Years	Months	Days	If less than one day
33	11	10	hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name George E Knoble
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Klitz
15. Birthplace Md

16 (a) Informant Mrs Violetta Knoble
(b) Address Taneytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Md

18 (a) Funeral director C O Russ & Senn
(b) Address Taneytown Md

19 (a) JUN 7 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 7 45 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of head

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-7-43 7a 24 M.
(b) Where did injury occur? 1101 Key Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Explosion of acetylene torch

23. Signature W. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 6-7-43

VS 151

G 05114

BALTIMORE CITY HEALTH DEPARTMENT

MJ-78413 **CERTIFICATE OF DEATH** 107

Registered No. G 05114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos., 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Wilkins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Robert Wilkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1904

8. AGE: Years	Months	Days	If less than one day
38	11	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Holley
13. Birthplace ?

MOTHER
14. Maiden Name Helen ?
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (Month) (day) (Year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 945 Druid Hill Ave.

19 JUN 7 - 1943 (Date rec'd by registrar) (b) Huntington Wilkie, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1943 at 5 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 6-4 1943 and that I last saw h[illegible] alive on 6-4 1943

Immediate cause of death Bronchopneumonia — Duration ?
Due to
Due to
Other Conditions Rheumatoid arthritis — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rabkin M. D.
Address Balto. City Hosp. Date signed 6-9-43

G 05115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 561 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
Street No. 561 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Silas Crowder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1920

8. AGE: Years 23 | Months - | Days 25 | If less than one day hr. min.

9. Birthplace Aron Florida (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Cat & Dog Hosp.

FATHER
12. Name Herman Crowder
13. Birthplace Unknown

MOTHER
14. Maiden Name Lavinia Knight
15. Birthplace Unknown

16 (a) Informant Returah Crowder
(b) Address 561 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
Address 918 Druid Hill Ave.

19 (a) [illegible] (b) [illegible] Washington Williams, M.D.
(Date rec'd by registrar) JUN 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 3 1943. and that I last saw h[illegible] alive on June 3 1943

Immediate cause of death Pulmonary TB — Duration 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Crowder

Address [illegible] Date signed 6/6/43

VS 150

G 05116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G 05116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 N. Chester
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltr (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 N. Chester (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Vaclav Garbonka

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1864

8. AGE: Years	Months	Days	If less than one day
78	10	15 14	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Brass Finisher

11. Industry or business

FATHER
12. Name Antonn Garbonka
13. Birthplace Austria

MOTHER
14. Maiden Name Not known
15. Birthplace Austria

16 (a) Informant Mrs. George Bock
(b) Address 729 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockbank
(b) Address 900 N. Chester St

19 FILED JUN 8 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 4 1943, and that I last saw him alive on June 4 1943.

Immediate cause of death

Duration

Heart Exhaustion 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Ford Thurston M. D.
826 N. Wolfe St
Date signed JUN 5 1943

G 05117 Kaliszuka

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 N. Collington
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Collington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B Kaliszka

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John J. Kaliszka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1870

8. AGE: Years 73 | Months 1 | Days 18 17 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Heyl
13. Birthplace Austria

MOTHER
14. Maiden Name Not known
15. Birthplace Austria

16 (a) Informant Mary Engmbrodt
(b) Address 903 N. Collington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Brach & Son
(b) Address 900 W. Chester St

19 JUN 7 1943 (b) Huntington, Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943 at 9.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 to 6-5 1943 and that I last saw h[illegible] alive on 6-5 1943

Immediate cause of death Heat Exhaustion — Duration 2 dys

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred Bengston M. D.
Date signed JUN 7 1943

VS 150

G 05118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 05118
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Aves
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Du Pont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin J. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Annie L. Thompson.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 9 1873
8. AGE: Years 70 Months 5 Days 24 If less than one day hr. 26 min.
9. Birthplace Toledo, Ohio.
(Town, county, and state)
10. Usual Occupation Telegraph Eng.
11. Industry or business B+O. R.R.

FATHER
12. Name Benjiman Thompson
13. Birthplace Unknown

MOTHER
14. Maiden Name Belle Bruce
15. Birthplace Unknown.

16 (a) Informant Annie L. Thompson.
(b) Address 1304 Du Pont Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.
18 (a) Funeral director Leonard Boyle
(b) Address 500 Park Ave
19 (a) JUN 8 1943 (b) Registrar
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3-43 19 to 6-5-43 19 ; and that I last saw h[illegible] alive on 6-5-43 19 .

Immediate cause of death Pulmonary Edema — Duration
Due to Congestive Heart Failure
Due to
Other Conditions Pt. was a known diabetic
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunt. C. Welch
Address Maryland General Hospital Date signed 6-5-43 M. D.

Huntington Williams, M.D.

(over)

G 05119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 05119 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Kentuckey Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Kentuckey Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Kinnier

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert Kinnier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28. 1872

8. AGE: Years	Months	Days	If less than one day
70	5	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name Heinrich Piez
13. Birthplace Germany

MOTHER
14. Maiden Name Rose T. Keller
15. Birthplace Germany

16 (a) Informant Miss Isobel P. Kinnier
(b) Address 2100 Kentuckey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (Signature) JUN 8 – 1943 Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5. 1943. at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1936. to June 5 1943, and that I last saw her alive on June 5, 1943.

Immediate cause of death: Coronary sclerotic Cardio-Vascular Renal Disease — Duration 7 yrs.
Due to
Due to
Other Conditions Diabetes Mellitus — 7 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Huntington Williams
Address Medical Arts Bldg Date signed 6/7/43

435760

G 05120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

G 05120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 S Decker (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis W. Nerf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-38

8. AGE: Years	Months	Days	If less than one day
5	3	0	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Eugene Nerf
13. Birthplace Md

MOTHER 14. Maiden Name Catherine Hess
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

JUNE 8 1943 P. [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 5:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943, to June 5 1943, and that I last saw HIM alive on June 5 1943

Immediate cause of death: Brain Tumor malignant — Duration: 12 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 4, 1943
Major findings of operation: Inoperable Tumor
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. H
Address Date signed 6/5/43 M. D.

G 05121

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05121 Registered No.

CERTIFICATE OF DEATH 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd.
(c) Hospital or institution: Harford Convalescent Home 27 I
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Diller Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie M. Adelmann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Fred. Adelmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June- - 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace Pa.

16 (a) Informant Mrs. Dorothea Chance
(b) Address 4207 Diller Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) (Registrar) (b) Registrar

JUN 8 1943 Huntingdon Williams, M.D.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5/43 19 . at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942 to June 5 1943 and that I last saw her alive on June 4 1943

Immediate cause of death Chronic myocarditis — Duration 5 years
Due to Arteriosclerosis
Due to
Other Conditions Chronic Nephritis arthritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. V. Harfold M.D.
Address 4706 Harford Road Date signed 6/7/43

5122 Grave #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G 05122 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNIDENTIFIED

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 7 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 8 - 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1943, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed 5-19-43

VS 151

05123 HEALTH DEPARTMENT—CITY OF BALTIMORE G 05123

CERTIFICATE OF DEATH

1. PLACE OF DEATH Volunteers of America Hospital 161a Registered No.

CITY OF BALTIMORE: (No. 418 W. Lexington St. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Elizabeth Durity If U. S. Veteran specify WAR

(a) Residence: No. Harwood Park, Elkridge, Md. St. 4-1 Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1943

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				12 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Durity

14. BIRTHPLACE (city or town) (State or country) Washington DC

MOTHER

15. MAIDEN NAME Mildred Weitzell

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mildred Durity (Address) Harwood Park Elkridge, Md

18. BURIAL, CREMATION, OR REMOVAL Place Date June 5 1943

19. UNDERTAKER PUBLIC CEMETERY JUN 7 1943 (Address) Commissioner of Health

JUN 8 - 1943 Huntington Nitt... Md

OCCUPATION is very important. See instructions on back of certificate.

P.C. 6/7/43

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 4 1943 to June 5 1943

I last saw her alive on June 4 1943 Death is said to have occurred on the date stated above, at 3.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	6/4/43
Congenital atelectasis	6/4/43
Other contributory causes of importance: Premature separation of normal placenta	6/4/43

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard Gaff M. D.

(Address) 329 Volunteers of America Hospital

G 05124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 05124

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address CAMBRIDGE ARMS Apartment

(c) Hospital or institution: CHARLES & 39th St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. Same (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME MARY CLARE LITTIG

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife JOHN MERRYMAN LITTIG

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 18 1847

8. AGE: Years	Months	Days	If less than one day
96	3	17	..... hr. ..... min.

9. Birthplace BALTIMORE MARYLAND (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER

12. Name CHARLE HIRAM ROSS

13. Birthplace DELAWARE

MOTHER

14. Maiden Name CLARA GREEN

15. Birthplace DELAWARE

16 (a) Informant Clara L. Bissell

(b) Address 3547 Newland Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 43 (month) (day) (year)

(c) Cemetery or crematory Mon CATHEDRAL

Location Balto Md

18 (a) Funeral director HENRY H JENKINS & SONS

(b) Address Mc Culloh & Orchard St

19 (a) (Date) JUN 8 — 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/43, 19..., at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1936 to 6/5 1943.

and that I last saw h[illegible] alive on 6/5 1943.

Immediate cause of death ..... Duration

Myocarditis Several

Due to Arterio-sclerosis 11

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature M M Reedy

Address 1403 Park Ave Date signed 6/7/43 M. D.

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05125 Registered No.

G 05125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 Aisland Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Aisland Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Driver

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah A. Driver
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 25. 1870

8. AGE: Years 72 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace

MOTHER 14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Lewis Driver
(b) Address 1223 Aisland A

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County

18 (a) Funeral director Byron & Mamie Wright
(b) Address 72 Virginia Ave Huntingtown Williamsport, Md

19 (a) Filed JUN 8 1943 (Registrar) Registrar

VS 199

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6 1943, at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1942 to 6-6 1943 and that I last saw h.IM. alive on 6-1 1943

Immediate cause of death: Hypertensive cardio-vascular disease — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond Browne, M.D.
Address 1500 E. Madison St Date signed 6-7-43

G 05126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 126

G 05126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~[illegible]~~ St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1236 N. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie C. Wheatley

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Harry Jole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/1902

8. AGE: Years	Months	Days	If less than one day
40	6	2	hs. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Dorsch
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Jordon
15. Birthplace Germany

16 (a) Informant Mr. Harry J. Wheatley
(b) Address 1236 N. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUN 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943, to June 7 1943, and that I last saw her alive on June 7 1943.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	
Due to	
Other Conditions Cholelithiasis Cholangeitis (include pregnancy within 3 months of death)	

Date of operation June 5, 1943
Major findings of operation: Carcinoma of liver, Cholelithiasis, Cholecystitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Clyamaweska M.D.
Address St. Joseph's Hosp Date signed 6/9/43

VS-3

Please write in ink. Physicians: please write the causes of death clearly and legibly.

G05127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G05127 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leanora Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lumerad

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1887

8. AGE: Years 61 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Hotel

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Lebe Humbert

MOTHER 15. Birthplace S.C.

16 (a) Informant Sallie Sanders

(b) Address 949 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)

(c) Cemetery or crematory Western Star

Location Md

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pressman

19 (a) JUN 9 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 11:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/1943 to 6/6/1943 and that I last saw her alive on 6/5/1943

Immediate cause of death Carcinomatosis

Due to Carcinoma Right Breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

Signature W. H. Howell M.D.

Address 6011 Gerrard Rd Date signed 6/9/43

VS 186

05128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registration No. C 05128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 South Caroline Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Meade

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1943

8. AGE: Years	Months	Days	If less than one day
			19 hs. 55 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Beatrice Meade
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 8 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 8 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1943, at 8.00PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1943, to May 19, 1943, and that I last saw her alive on May 19, 1943.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: pres. abs.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip P. Stepton, Jr. M. D.
Address Johns Hopkins Hospital Date signed 5-28-43

0149

Correct ages is supremely important. Physicians: please write the causes of death clearly and legibly.

G 05129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 05129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 623 Archer Street

(c) Hospital or institution: 21

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 623 Archer (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James B Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	8	2		

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation O. W.

11. Industry or business

FATHER 12. Name Nat Gray

13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Cookson

15. Birthplace

16 (a) Informant Lucia Joynes

(b) Address 623 Archer Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)

(c) Cemetery or crematory St John Church Yard

Location Calvert Calvert County Md

18 (a) Funeral director Josiah L Brown Son

(b) Address 38 W Montgomery St

19 (a) (Date rec'd by registrar) (b)

JUN 8 1943

Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1943 to June 4 1943 and that I last saw h[illegible] alive on June 4 1943.

Immediate cause of death	Duration
Myocarditis	1 Day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Slater M. D.

Address 517 Scott St Date signed 6/8/43

G 05130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Ashland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 → 2
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE M. PINKUS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1860

8. AGE: Years: 83 yrs | Months: 1 | Days: 19 | If less than one day: hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Josephine Vandenheurk
(b) Address 2442 Ashland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Phila. Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to June 5 1943 and that I last saw her alive on June 4 1943

Immediate cause of death	Duration
Myocardial failure	2
Due to Arteriosclerosis	2
Due to Hypertension	2
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Planer M.D.
Address 2623 E. Date signed 6/7/43

05131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 13 N

G 05131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 E. Eager Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 3

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 E. Eager Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VERNON CLEVELAND JETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Emma A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/85

8. AGE: Years	Months	Days	If less than one day
57 yrs.	10	9	hr. min.

9. Birthplace CAlvert Co., Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Cons. Engineering Co.

FATHER
12. Name Lewis Jett
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Baltimore
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 ~~Huntington Avenue~~ Whitelock, M.P.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943 at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to June 5 1943, and that I last saw him alive on June 4 1943

Immediate cause of death) Cardio Vascular-Renal disease — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1701 Eutaw Pl. Date signed 6/8/43

G 05132

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05132 Registered No.

CERTIFICATE OF DEATH 92 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1433 W Balto St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 W Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Gladys A. E. Houston ✓

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-13-5457

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 23-1901

8. AGE: Years 41 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Optician

FATHER
12. Name John A. Houston
13. Birthplace Balto Md

MOTHER
14. Maiden Name Rose M. Shearer
15. Birthplace Balto. Co. Md

16 (a) Informant Mrs. Rose M Houston
(b) Address 1433 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo. L. Boyer Jr
(b) Address 512 Hollins St

19 (a) (Date received by registrar) JUN 8 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 5:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943 to June 4 1943 and that I last saw h alive on June 3 1943

Immediate cause of death
Pneumonia Terminal
Hypostatic
Due to Rheumatic endocarditis
aortic and Mycarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
2 days
5 Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Druid Park Drive Date signed

G 05133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

G 05133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: Univ. Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Westwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/43

8. AGE: Years	Months	Days	If less than one day
	1	4/10	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name David Gordon
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Cecelia Cracovo
15. Birthplace New Jersey

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Old Bonny Mt.

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) (b) Registrar

(Date rec'd by registrar) JUN 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1943, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943, to June 7, 1943, and that I last saw h/e alive on June 7, 1943.

Immediate cause of death — **Duration**

Infectious Diarrhea of Newborn — 1 week

Due to

Due to

Other Conditions Premature Baby

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Keefe, M. D.
Address Univ. Hosp. Date signed 6-7-43

Huntington Williams, M.D.

G 05134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 05134 Registered No. 1700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 403-16-0866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife JENNIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and State)

10. Usual Occupation Ship Yard Worker

11. Industry or business

FATHER 12. Name Joni Harris
13. Birthplace

MOTHER 14. Maiden Name Minerva
15. Birthplace

16 (a) Informant Bernard Harris
(b) Address 1405 E. Balto St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Levy
Location Ashland Ky

18 (a) Funeral director Jack Lewis Inc
(b) Address 1432 E. Balto St

19 (a) 6-8-1943 Date received by Registrar (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 10 30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-6-43 at 9:15 P.M.
(b) Where did injury occur? Baltimore and Caroline St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? —
(d) Means of injury Pedestrian struck by auto

23. Signature H. Z. Williamson M.D.
Asst Medical Examiner.

Date signed 6-7-43

Huntington Williams, M.R

G 05135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C G 05135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 22
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 W. Fort ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerome C Hause

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Hause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1878

8. AGE: Years	Months	Days	If less than one day
64 66	11	18 11	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John T Hause
13. Birthplace Maryland

MOTHER
14. Maiden Name Mahe Carte
15. Birthplace Maryland.

16 (a) Informant Willard Hause
(b) Address 134 W. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Abingdon Methodist
Location Abingdon, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 8 - 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1943 to June 5 1943, and that I last saw him alive on June 4 1943.

Immediate cause of death: Cardiac Asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Cutterman M. D.
Address 2324 Reisterstown Rd Date signed 6/8/43

G 05136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05136

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Belair Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME BERNARD TENNYSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mamie T. Tennyson
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 5, 1886

8. AGE: Years	Months	Days	If less than one day
57	1	1	hr. min.

9. Birthplace St. Marys County, Md. (Town, county, and state)
10. Usual Occupation Retired Policeman
11. Industry or business

FATHER
12. Name Joseph M. Tennyson
13. Birthplace St. Mary's County, Md.

MOTHER
14. Maiden Name Alice O. Sherkliff
15. Birthplace St. Mary's County, Md.

16 (a) Informant Mrs. Mamie T. Tennyson
(b) Address 2307 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) JUN 8 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 10:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1943 to June 6 1943. and that I last saw h alive on June 6 1943.

Immediate cause of death

Due to Cerebral Hemorrhage (apoplexy) — Duration 2 days

Due to Hypertensive Cardio Vas Renal Disease — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed Jun 6 1943 M.D.

VS 150

G 05137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1750 Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank ~~Reinsfelder~~ Reinsfelder

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-4583

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Maude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1891

8. AGE: Years	Months	Days	If less than one day
52 51?	0	0	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name ? Frank Reinsfelder
13. Birthplace ? Md

MOTHER
14. Maiden Name Annie Weinkamp
15. Birthplace Md

16 (a) Informant Balto City Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9th 1943 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patterson Park Ave

19 (a) (b)

JUN 8 1943 Huntington, Indiana, M.S. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1943, to 6-6 1943, and that I last saw h[illegible] alive on 6-6 1943.

Immediate cause of death Meningococcal meningitis — Duration ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathkin M. D.
Address Balto. City Hosp Date signed 6-6-43

G 05138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. G 05138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106-N. Central Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106-N. Central Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Dobe

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/20/1864

8. AGE: Years 78 | Months 5 | Days 17/16 | If less than one day -- hr. -- min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph C. Dobe
13. Birthplace Germany

MOTHER
14. Maiden Name Anna (Rohe)
15. Birthplace Maryland.

16 (a) Informant Miss Anna Clara Dobe
(b) Address 1106-N. Central Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1736-Harford Ave.

19 (a) JUN 8 — 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943, to June 6 1943, and that I last saw h[illegible] alive on June 5 1943.

Immediate cause of death Pneumonia — **Duration**

Due to Chronic Nephritis (one)

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Anderson M. D.

Address 3001 Shannon Drive **Date signed** June 8-43

VS 150

05139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. C 05139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N Calhoun Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-14-0455

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife Malinda —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant James Morris
(b) Address 620 Reed St

17 (a) Burial (b) Date thereof June 10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Richmond - Va

18 (a) Funeral director James A Hayes
(b) Address 1142 W Pratt St

JUN 8 - 1943
(Date rec'd by registrar)

(b) Huntington for Petitioner
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5- 1943, at 1.20 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Stab wound of aorta & lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-5-43 at 1.15 A M.
(b) Where did injury occur? 515 N. Calhoun St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury ice pick

23. Signature Howard A. Madeira M.D.
Medical Examiner.
Date signed 6-5-43

05140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 05140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-00

8. AGE: Years	Months	Days	If less than one day
43	1	7	hr. min.

9. Birthplace D.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canning factory

FATHER
12. Name Samuel Bell
13. Birthplace N.C.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md

18 (a) Funeral director Mrs Robert A. Ellicott Dyer
(b) Address 1129 N. Carolina St.

19 JUN 8 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 5 1943 and that I last saw him alive on June 5 1943

Immediate cause of death: Cardiac failure — Duration

Due to arteriosclerotic cardio-vascular disease

Due to

Other Conditions pt hemiplegia — acute — t motor aphasia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not reported yet

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John K. Cunningham M. D.
Address The Johns Hopkins Hosp. Date signed 6-5-43

05141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. C 05141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1032 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Merrill Roy

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6715

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1903

8. AGE: Years	Months	Days	If less than one day: hr.	min.
39	9	723		

9. Birthplace Caroline Co. Va.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Ida Galt
15. Birthplace Caroline Co. Va.

16 (a) Informant Martha Roy
(b) Address 1032 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1641 Druid Hill Ave

19 JUN 8 - 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 2 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to June 5 1943, and that I last saw h[illegible] alive on June 6 1943.

Immediate cause of death	Duration
Bleeding Gastric Ulcer	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesling
Address St. Joseph's Hosp Date signed 6-5-43

VS 3

142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 05142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital 20-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2615 Dulaney St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Frieda Musser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-27-42

8. AGE: Years 0 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Balto, Md. Brecknock Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Ernest Musser

13. Birthplace Pa.

MOTHER

14. Maiden Name Katie Grove

15. Birthplace Pa.

16 (a) Informant Ernest Musser

(b) Address 2615 Dulaney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)

(c) Cemetery or crematory Masters

Location Lancaster Co. Pa.

18 (a) Funeral director William Cook Inc

(b) Address 847 St. Paul St

19 JUN 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 7 1943 and that I last saw h[illegible] alive on June 7 1943.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clifton Rawlins

Address St. Agnes Hosp. Date signed 9/7/43

G 05143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05143 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 Gold St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 Gold St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry R. Fowler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Laura Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/8/73

8. AGE: Years	Months	Days	If less than one day
70	4	0	hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Lamuel Fowler
13. Birthplace S. C.

MOTHER 14. Maiden Name Anderson
15. Birthplace "

16 (a) Informant Laura Fowler
(b) Address 544 Gold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Williamston
Location S. Carolina

18 (a) Funeral director Reg. L. Kelly
(b) Address 1303 Pennsylvania Ave

19 (Signature) Hunting Williams Registrar
JUN 8 – 1943 (Date city registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1943 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31st 1943 to June 7th 1943 and that I last saw h[illegible] alive on June 7th 1943

Immediate cause of death Death Operation
Cirtulation failure Chrs
heart
Due to Jaundice arteriosclerosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Nature of injury

23. Signature Hester Stagg M. D.
Address 544 Gold St Date signed 6/8/43

VS 150

G 05144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05144
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1609 Bruce Court. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delores Clark

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 et 1, 1942

8. AGE: Years	Months	Days	If less than one day
	8	5	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Wm A. Clarke
13. Birthplace Greenville N. C.

MOTHER
14. Maiden Name Rena Fleming
15. Birthplace Greenville N C

16 (a) Informant Wm A. Clarke
(b) Address 1609 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Freestman

19 (a) JUN 8 1943 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 8:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 6 1943 and that I last saw h[illegible] alive on June 6 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence , at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo H Bonfield M.D.
Address Provident Hospital Date signed 6-7-43

G 05145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 05145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1135 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August W. Diedeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/23/74

8. AGE: Years 68 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Co. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name George
13. Birthplace Germany

MOTHER 14. Maiden Name Betty Yunkeling
15. Birthplace Germany

16 (a) Informant Wm. Dietzman
(b) Address 345 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 725 Eastern Ave.

18 (a) Funeral director Clarence E. Hofmann
(b) Address 1631 E. Broadway

19 JUN 8 1943 (Filed by registrar) (b) Registrar

VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/1943 at 11:35 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/5/43.

R.B. Wright Md. Bltr. 1943 G 05146

G 05146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05146

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Wyman Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Wyman Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Cullington

3 (b) If veteran, name war: No
3 (c) Social Security Account No. Not

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Thomas A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	7	11		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Finnegan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Matthews
15. Birthplace Scotland

16 (a) Informant Mrs William A Cullington
(b) Address 2914 Wyman Pky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Undertaking Co
(b) Address 1216 E Fayette St

19. JUN 8 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943, to June 5 1943, and that I last saw h[illegible] alive on May 28 1943.

Immediate cause of death Arteriosclerosis generalized; myocardial fibrosis; heart prostration — Duration 4-6 days

Due to

Due to

Other Conditions Renal senile changes.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Wright Jr.

Address Medical Arts Bldg. Date signed 6/7/43

[illegible] Washington Williams, M.D.

G 05147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05147

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 days
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 206 W. Franklin Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: LEROY CHESTER BELL

3 (b) If veteran, name war: World's War

3 (c) Social Security Account No.: 171-01-3623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife: --

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 27, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	10	hr. min.

9. Birthplace: Waynesboro, Pa. (Town, county, and state)

10. Usual Occupation: Mechanic

11. Industry or business: J. P. Jester Company

FATHER
12. Name: Upton M. Bell
13. Birthplace: Waynesboro, Pa.

MOTHER
14. Maiden Name: Catherine Wagner
15. Birthplace: Ringold, Md.

16 (a) Informant: Records, U. S. Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 9 1943 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Frederick Road

18 (a) Funeral director: A. Lee Oder
(b) Address: 4624 York Road

19 (a) JUN 8 1943 (Date received) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH: June 6, 1943, at 6:32 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1943 to June 6, 1943, and that I last saw him alive on June 6, 1943

Immediate cause of death: Epidemic cerebrospinal meningitis — **Duration:** Since June 1, 1943

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: MAM As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -

23. Signature: (U.S.) Beall M. D.

Address: Baltimore, Md. **Date signed** 6/7/43

Va-13245

G 05148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 05148 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 S. Charles St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Reba Francis Abbott

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife George A. Abbott
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	19	hr. min.

9. Birthplace Somerset County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Napoleon Elliott
13. Birthplace Somerset County

MOTHER
14. Maiden Name unknown
15. Birthplace Somerset County

16 (a) Informant Mr. Geo. Abbott
(b) Address 1532 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Blvd.

18 (a) Funeral director Fred. A. Pearce & Son
(b) Address 1216 E. Chas. St.

19 (a) Huntington Williams M.D. Registrar
(Date received) JUN 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to June 7 1943 and that I last saw h alive on June 7 1943

Immediate cause of death Carcinoma of Stomach + Liver — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Omer Beta MD

Address 1229 Williams H Date signed 6/7/43 M. D.

G 05149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N Eutaw St
(c) Hospital or institution:

17-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H Crawford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth Crawford 6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 11 - 1876

8. AGE: Years	Months	Days	If less than one day
66 67	11	25	hr. min.

9. Birthplace Conn (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business J Tripp Co

FATHER
12. Name Andrew Crawford
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Gates
15. Birthplace Ireland

16 (a) Informant Elizabeth Crawford
(b) Address 216 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson Ave

19 (Signature of City registrar) JUN 8 - 1943 Registrar Huntington Willard M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935 to Jun 4 1943, and that I last saw h alive on Jun 4 1943

Immediate cause of death Cerebral Embolism — Duration Unknown

Due to Chronic Valvular Heart disease with decompensation — many years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H Zierler M. D.
Address 2318 Eutaw Place Date signed Jun 8/43

05150 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05150

CERTIFICATE OF DEATH 194a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Loudon Ave. Ward) Fifty

Length of residence in city or town where death occurred ____ yr. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara Florence Grempler

If U. S. Veteran specify WAR _____

(a) Residence: No. 403 N. Loudon Ave. 20th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Grempler Sr.

6. DATE OF BIRTH (month, day, year) May 23, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John C. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Melia Alberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. C. Grempler

(Address) 403 N. Loudon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon, Pk. Date 6/9/43.

19. UNDERTAKER Harry F. Nitzke

(Address) 401 E. Monument Ave.

20. Filed JUN 8 1943 Huntington Williamsburg Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1943 to June 6, 1943

that she was alive on June 6, 1943 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Coronary	Unk
Last disease	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Earl Cochran, M. D.

(Address) 3921 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

05131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1448

Registered No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Granby St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-3704

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marguerite Mc Flanagan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-95

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	7	11		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business U.S. Navy Yard Wash. D.C.

FATHER 12. Name Clarence S. Holland

13. Birthplace Md

MOTHER 14. Maiden Name Emma Kuhl

15. Birthplace Md

16 (a) Informant Sister Lucille

(b) Address St Agnes Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director Harry A Witzke

(b) Address 4601 Edmondson Ave.

19 JUN 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 5 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1943 to 6/6 1943. and that I last saw him alive on 6/6 1943.

Immediate cause of death, Hodgkin's Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A Cannon M. D.

Address St Agnes' Hosp Date signed June 6/43

VS 180

CAHVOS

G 05152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 S. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Wilbur F. Spicknall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Emma S. (Jones)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1905

8. AGE: Years	Months	Days	If less than one day
37	7 6	2 1 9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Motor Sales Co.

FATHER
12. Name Thomas F. Spicknall
13. Birthplace Md.

MOTHER
14. Maiden Name Augusta Williams
15. Birthplace Md.

16 (a) Informant Mrs. Emma S. Spicknall
(b) Address 327 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4161 E. Monument St. Huntington Williams, M.D.

JUN 8 – 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6/43. 19 , at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1943 to 6/6 1943 and that I last saw h[illegible] alive on 6/6 1943

Immediate cause of death Coronary Thrombosis — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas S. Hayes M. D.
Address 3376 Fredericks Rd. Date signed 6/7/43

VS 180

G 05153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

G 05153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Hollins St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLOREIVCE SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Dec. 1867 (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George R. Smith
13. Birthplace Balto

MOTHER
14. Maiden Name Mary E. Smith
15. Birthplace Balto

16 (a) Informant William H. Smith
(b) Address 1018 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Wallace Cook Inc
(b) Address 1217 St Paul St

19 (a) [redacted] 1938 Registered by Hunting for Williams, Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1943 at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallace Jr M.D. Attending Medical Examiner.
Date signed 6-7-43

Please write the cause of death clearly and legibly. Special importance is attached to the correct classification of deaths from violence.

G 05154 Sehnke G 05154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 Hopelgate Lane
(c) Hospital or institution: Ventnor Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. Boulden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustav Wm. Sehnke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Sehnke
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 21 1884

8. AGE: Years	Months	Days	If less than one day
53	6	17 16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Operator
11. Industry or business Baltimore Transit Co

FATHER
12. Name Frederick Sehnke
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary M. Sehnke
(b) Address 414 S. Boulden St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto Md.

18 (a) Funeral director Robert E. Miller Funeral
(b) Address 2425 E. Oliver St

19 (a) Filed JUN 8 - 1943
(Date received by registrar) Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to June 7 1943, and that I last saw him alive on June 4 1943.

	Duration
Immediate cause of death Cerebral hemorrhage	2 weeks
Due to cerebral arteriosclerosis	
Due to Arteriosclerosis coronaria thrombosis	6 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin Phasing M.D.
Address 1904 W. Balto. St. Date signed 6-8-43 (M. D.)

(Over)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05155 Dr Recusion 216 S Baltimore St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. 05155

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1708 Eutaw Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 6

(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 926 Rosedale Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Augustus Haine

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-6866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Charlotte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1876

8. AGE: Years	Months	Days	If less than one day
66	9	23	hr. min.

9. Birthplace Mamaroneck, New York (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Food, Fair

FATHER 12. Name William Haine

13. Birthplace Mamaroneck, N.Y.

MOTHER 14. Maiden Name Margaret O'Leary

15. Birthplace Maryland

16 (a) Informant Emma M. Smith

(b) Address 324 Grant Terrace, Mamaroneck, N.Y.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (month) (day) (year)

(c) Cemetery or crematory Holy Sepulchre

Location New Rochelle N.Y.

18 (a) Funeral director William Cat, Inc.

(b) Address 1217 St. Paul St.

19 (a) 6/8/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 7 1943, and that I last saw him alive on June 7 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 hr.

Due to A-S H D — 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury Cerebral Hemorrhage

23. Signature

Address 206 So. Spruce Date signed 6/8/43 (M. D.)

VS 180

05156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 05156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. A correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 854 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Soldatich 88483

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	0	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Austria

MOTHER
14. Maiden Name Francis ?
15. Birthplace Austria

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 8 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 8 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to June 2 1943, and that I last saw him alive on June 2 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 6 wks?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hunt M. D.
Address Balto City Hosp Date signed 6/7/43

0151

05157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05157
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 S. Broadway (Anchorage Hotel)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 8 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 8 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1943, at 7 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Purulent meningitis due to pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at P.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed May 25 1943

VS 151

F0152

5158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 B

Registered No. G 05158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNIDENTIFIED - Joseph Krug

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50? | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and State)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUN 8 1943 Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) JUN 8 - 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1943, at 6 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cardiac disease, mitral insufficiency, valvular

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmaier M.D. Medical Examiner.
Date signed 5-31-43

F 0153

8 05159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 05159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) about 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street [redacted] N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Parker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	married

6 (b) Name of husband or wife Irene Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876.

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Charlottesville Va. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Common Labor.

FATHER
12. Name Not Known
13. Birthplace ?

MOTHER
14. Maiden Name Not Known
15. Birthplace ?

16 (a) Informant Sarah West.
(b) Address 503 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm Hatie R. Williams
(b) Address 212 N. Edmondson Ave.

JUN 8 - 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5, 1943, at 7:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased May 27th 1943 to June 5th 1943 and that I last saw [redacted] alive on 6/5 1943

Immediate cause of death Broncho Pneumonia — Duration 8 days
Due to Exposure — 4 days.
Due to Complications of Myocarditis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Lyon M. D.
Address 522 N. Arlington Ave

G 05160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. V 148 D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Cecilia Garrigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Edw. Garrigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business Hotel Belvedere

FATHER
12. Name James A. Lockey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary C. Welby
15. Birthplace Baltimore, Maryland

16 (a) Informant Edward Garrigan
(b) Address 902 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave Huntington Williams, W.P.

19 (a) [illegible] (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH June 6 1943, at 9 A.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia of pregnancy

Due to

Other Conditions 9th month of pregnancy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed June 6 1943

VS 181

05161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Bernard Keyes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1924

8. AGE: Years	Months	Days	If less than one day
19	4	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Air planes
11. Industry or business Glen L. Martin

FATHER
12. Name James J. Keyes
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E. Burns
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Keyes
(b) Address 1220 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Filed JUN 8 1943 (Date filed by Registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to June 7 1943, and that I last saw him alive on June 7 1943.

Immediate cause of death Pulmonary Abscess — Duration 11 mos.

Due to (over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Granger, M.D.
Address 1402 E. Lanvale Date signed 6-7-43

05162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4609 Mary Ave
(c) Hospital or institution: ********** 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) *****
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4609 Mary Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Pines

3 (b) If veteran, name war ***
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H Pines
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) June 5 1871

8. AGE: Years 72 | Months *** | Days *** | If less than one day: ** hr. ** min.

9. Birthplace Lancaster Virginia (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business ******

FATHER
12. Name Robert George
13. Birthplace Virginia

MOTHER
14. Maiden Name Unkwown
15. Birthplace Virginia

16 (a) Informant William H Pines
(b) Address 4609 Mary Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetary
Location Brooklyn Anne Arundel Co. Md.

18 (a) Funeral director J Melville Jenkins
(b) Address 2713 Kirk Ave

19 JUN 8 - 1943 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to June 5 1943, and that I last saw him alive on June 5 1943.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to: Cardiac Failure

Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Mrs Lena Crutchfield
Address 5709 Belair Rd Date signed 6-8-43

G 05163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. G 05163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Burgundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-41

8. AGE: Years	Months	Days	If less than one day
1	7		hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Geo. Earl

13. Birthplace Balto.

MOTHER 14. Maiden Name Myrtle Williams

15. Birthplace Balto Md

16 (a) Informant Myrtle Williams

(b) Address 531 Burgundy St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Md.

18 (a) Funeral director Walter B Spriggs

(b) Address 139 W Hamburg St

19 (a) (b)

Filed by registrar JUN 9 1943 Registrar for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1943 at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1943 to June 7, 1943 and that I last saw h alive on June 7, 1943.

Immediate cause of death Gastro-enteritis

Due to Acidosis and Dehydration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 4-5 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Weeks, M. D.

Address Univ. Hosp. Date signed 6-7-43

G 05164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

G 05164

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Dolphin
(c) Hospital or institution:

17-3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Dolphin (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Wesley Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M.
5. Color or race: C.
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Matilda Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years: 72 | Months | Days | If less than one day: hr. min.

9. Birthplace Patapsco A.A. Co
(Town, county, and state)

10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name John W. Dorsey
13. Birthplace Md

MOTHER
14. Maiden Name Sarah F. Letcher
15. Birthplace Md

16 (a) Informant Bertha Dorsey Taylor
(b) Address 713 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. City

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 117 N. Carrollton Ave.

19 (a) JUN 9 1943 (Date received by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 7 1943. and that I last saw h[illegible] alive on June 7 1943.

Immediate cause of death: Acute Bronchopneumonia — Duration: 7 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 811 Hollins St. Date signed 6-8-43 M. D.

VS 3

G 05165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 05165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ------
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Washington Place
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Eugene H. Beer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Edna Augur
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1874

8. AGE: Years	Months	Days	If less than one day
69	—	—	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Grain Merchant
11. Industry or business --------

FATHER
12. Name Dr. Robert K. Beer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Lindeman
15. Birthplace Maryland

16 (a) Informant Eugene H. Beer Jr.
(b) Address 401 Somerset Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JUN 9 - 1943 (Date received by registrar) Washington Wilkinson MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1943, at 3 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1943 to 6-7 1943 and that I last saw h. in alive on 6-7 1943.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Earl Hall, M. D.
Address University Hosp. Date signed 6-7-43

VS 8

G 05166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Ralworth Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Ralworth Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LULA CATHERINE BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph D. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1884

8. AGE: Years	Months	Days	If less than one day
58	5	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Schluderberg
13. Birthplace

MOTHER
14. Maiden Name Louisa Pfaff
15. Birthplace Baltimore, Md.

16 (a) Informant William C. Brown
(b) Address 1601 Ralworth Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St.

JUN 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1943, to June 6 1943, and that I last saw her alive on June 6 1943

Immediate cause of death: Coronary occlusion — Duration: 12 hrs.
Due to Arteriosclerosis — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kelly M. D.
Address 2020 N. Charles St. Date signed 6/8/43

05167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

G 05167
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5017 Arrolle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patricia Geyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-43

8. AGE: Years	Months	Days	If less than one day
	10 9	26	hr. 19 min. 42

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Franz Geyer
13. Birthplace Md

MOTHER
14. Maiden Name Mollie Schonaugh
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2018 Orleans St

JUN 9 1943 (Date rec'd by registrar) (Huntington Nellignus M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943 at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 7 1943 and that I last saw alive on June 7 1943.

Immediate cause of death	Duration
Intestinal Obstruction	2½ days
Due to Intussusception	
Due to	
Other Conditions Convulsions	

(Include pregnancy within 3 months of death)
Date of operation 6.7.43
Major findings of operation: Intussusception, Ileum, Ileum ileum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benedict DiTraglia M. D.
Address The Hopkins Hospital Date signed 6-8-43

VB 280

05168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Warnock St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Mossman, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah Kelley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1878

8. AGE: Years	Months	Days	If less than one day
64	10	28 27	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Leighterman
11. Industry or business

FATHER
12. Name Robert Mossman
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Elizabeth Dunn
15. Birthplace Philadelphia, Pa.

16 (a) Informant U S Marine Hospital
(b) Address Wyman Park Drive & 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9-43 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Camden

18 (a) Funeral director A Reiley Slade
(b) Address 907 Myrtle Ave.

JUN 9 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943 at 7.42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1943, to June 4, 1943, and that I last saw him alive on June 4, 1943.

Immediate cause of death: Bilateral marked pulmonary congestion and edema — Duration: Unk.
Due to: Adeno carcinoma head of pancreas — Unk.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 4/19/43
Major findings of operations: Expl Lap; Cholecystojejunostomy; Gastroenterostomy; Venocysis
Findings of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Ellis M. D.
Address US Marine Hospital, Baltimore, Md. Date signed 6/5/43

G 05169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 05169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OZIE GIGLER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	COL.	married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Columbia Georgia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Eva Frances Gigler
(b) Address 720 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave, Phone Williams Md.

19 (a) JUN 9-1943 (Date rec'd by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1943, at 9:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to

Other Conditions Ho

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-7-43

VS 151

G 05170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5

(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ada May Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William T. Harris
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) January 20, 1867

8. AGE: Years	Months	Days	If less than one day
76	4	18	hr. min.

9. Birthplace Carroll County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Joseph Shorb
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Baer
15. Birthplace Maryland

16 (a) Informant Mr. Charles Coblentz
(b) Address 2429 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenhill Cemetery
Location Waynesboro, Pa.

18 (a) Funeral director E. W. Donovan
(b) Address 1005 W. Baltimore St.

19 (a) JUN 9 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at 11.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1942 to 6-8 1943 and that I last saw her alive on 6-7 1943.

Immediate cause of death Uremia
Due to suppressed function
Due to cerebrovascular (generalized)
Other Conditions (none)
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry S. Kimball M.D.
Address 2705 Edmondson Ave. Date signed 6-9-43

G 05171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Freeland Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Mathews

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 5, 1929

8. AGE: Years	Months	Days	If less than one day
13	11	0	hr. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Willie Mathews
13. Birthplace Md

MOTHER
14. Maiden Name Minnie M. Stokes
15. Birthplace Md

16 (a) Informant Bessie Mathews
(b) Address 409 Freeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery.
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (a) Date received by registrar JUN 9 - 1943 (b) Registrar Huntington Matthews, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1943, at 12 30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-4-43 at 11 A.M.
(b) Where did injury occur? Bay Harbor, Foot of York St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Found drowned.

23. Signature Howard J. Uhlfelder M.D.
Medical Examiner.
Date signed 6-4-43

G 05172 ✓ G 05172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 McDonough St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Sommerville

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer.

FATHER
12. Name Un Known
13. Birthplace " "

MOTHER
14. Maiden Name Sharett Baker
15. Birthplace Maryland

16 (a) Informant Mrs Sommerville W
(b) Address 1025 McDonough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O Wilson
(b) Address

19 (a) JUN 9 1943 (Date rec'd by registrar) (b) Huntington Mitchell Jas, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943, at 8.29 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNalby M.D. Medical Examiner.
Date signed 6/8/43.

VS 151

G 05173

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05173 Registered No.

CERTIFICATE OF DEATH 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 years 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State no home (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Page Nash

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Harry Page (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1877

8. AGE: Years	Months	Days	If less than one day
71 66	3 2	1 24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Nash
13. Birthplace Virginia

MOTHER
14. Maiden Name Amanda
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elmer O Wilson
(b) Address 1005 Brantley

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 8 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-43 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1938 to 6-4 1943, and that I last saw h alive on 6-4 1943.

Immediate cause of death: Myocardial infarction
Due to: Arteriosclerotic C-V-D.
Due to:
Other Conditions: Hypertensive C-V-D
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cross M.D.
Address B. C. H. Date signed 6-9-43

G05174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G05174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Bethel st. (If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME George Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Green
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Jenny Green
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Emma Terry
(b) Address 720 Bethel st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director E. O. Nelson
(b) Address 1000 Brantley

19 (a) 6/8/43 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943 at 12 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Heat Stroke

Due to

Other Conditions 1st & 2nd Terms of Lap Prostration
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-8-43 12:05 P.M.
(b) Where did injury occur? Farm - Balto, Md
(c) Did injury occur at home, on farm, industrial place, in public place? Farm While at work? No
(d) Means of injury Burning brush and paper

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-17-43

VS 151

(over)

G 05175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

G 05175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (ROSALIE) ROSIE BROOKS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1895

8. AGE: Years	Months	Days	If less than one day
47	6		hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Dorsey
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Williams
15. Birthplace Va.

16 (a) Informant John Brooks
(b) Address 214 N. Montford Ave

17 (a) Removal (b) Date thereof 6/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Midland Va.
Location

18 (a) Funeral director Roberts Young
(b) Address 804 N. Carlisle St

19 (a) [illegible] Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1943, at 4:35 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease

Due to

Other Conditions Syphilis, cardiovascular

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H L Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-7-43

VS 151

G 05176
T.N 81094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83B

Registered No. G 05176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 McPort St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nettie Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Nathan (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25th, 1883

8. AGE: Years	Months	Days	If less than one day
60	4	10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Muse
13. Birthplace Va.

MOTHER
14. Maiden Name Herman ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Va Brooks
(b) Address 1413 N. Carey St

19 (a) (Date rec'd by registrar) (b) Witnessed by Huntington Williams, M.D.

JUN 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1943, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1943 to 6-5 1943, and that I last saw h alive on 6-5 1943.

	Duration
Immediate cause of death Cerebral thrombosis	6 wks.
Due to Gen. atherosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Rathbun M. D.
Address Balto. City Hosp Date signed 6-7-43

G 05177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G 05177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 9 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos 15days
(e) Length of stay in Baltimore (yrs., mos., or days) 18years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1845 North Spring St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Bernice Drake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1921

8. AGE: Years 21 | Months 11 | Days 14 23 | If less than one day hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER 12. Name Annie Blackwell
MOTHER 13. Birthplace South Carolina

FATHER 14. Name John Drake
FATHER 15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. & R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd) JUN 9 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 11.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 21 1943, to June 5 1943, and that I last saw her alive on June 5 1943.

Immediate cause of death: Chorionepithelioma — Duration: 5mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation February 19, 1943

Major findings of operation: Chorionepithelioma

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Corscaden M. D.
Address Johns Hopkins Hospital Date signed 6-7-43

VS 8

Fill in all items; if none, write none. Please write the cause of death clearly and legibly.

G 05178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G 05178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 167
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write Belmont Ave.)
(d) Street No. 3138 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS M. FARLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Bethlehem Steel

FATHER
12. Name Francis M. Farley, Sr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rose M. Connelly
15. Birthplace Balto. Md

16 (a) Informant Mrs. Farley
(b) Address 3138 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location

18 (a) Funeral director Mary M. Wagefield
(b) Address 501 E. 22nd St

19 JUN 9 - 1943 Registered by registrar Pharmington for Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 11 40 a M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Embolism of enteric abdominal bell

Due to

Other Conditions Lab

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-7-43 at 7:45 a M
(b) Where did injury occur? 1101 Key Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury acetylene torch explosion

23. Signature J. J. Williams M.D. Asst Medical Examiner.
Date signed 6-7-43

(over)

05179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56a Registered No. G 05179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Ridgehill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE LEONA BEALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Robert W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1890

8. AGE: Years	Months	Days	If less than one day
52	11	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Will Stewart
13. Birthplace --

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Ethel L. Bayliss
(b) Address 2108 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 9 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943 at 8.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1943 to 6/7 1943 and that I last saw her alive on 6/7 1943

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Hypertensive Cardio-Vascular Disease	?
Due to	
Other Conditions - Adenomyoma Uterus. (Include pregnancy within 3 months of death)	

Date of operation 6/4
Major findings of operation: Ovarian Cyst & Cholelithiasis
of autopsy Cardiac Dilatation. Chr. Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Leonard Royer
Address Bon Secours Hosp. Date signed 6/7/43

VS 3

C 05180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. C 05180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3310 Carlisle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Carlisle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OLIVE REBECCA DAWKINS

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Herbert Dawkins
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 5, 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	3	1		

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: School teacher
11. Industry or business: retired 7 years

FATHER
12. Name: Sheppard L. Sindall
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Margaret Isaacs
15. Birthplace: Balto.

16 (a) Informant: Mr. Herbert Dawkins
(b) Address: 4201 Duvall Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto. Md.

19 (a) JUN 9 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 6, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27-1943 to 6-6-1943, and that I last saw h[illegible] alive on 6-6-1943.

Immediate cause of death: Acute Congestive heart failure, Due to: Myocardial weakness. — Duration: 11 days.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. F. Warner, M. D.
Address: 1004 Garrison Blvd. Date signed: 6-7-43.

05181

HEALTH DEPARTMENT—CITY OF BALTIMORE

05181

CERTIFICATE OF DEATH

1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Edmondson Ave St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Horatio Meyers

If U. S. Veteran specify WAR

(a) Residence: No. 1030 Edmondson Ave Ward. 16-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Meyers

6. DATE OF BIRTH (month, day, year): Dec. 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Mar. 1938

11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (city or town) (State or country): Tyrone Maryland

FATHER

13. NAME: Geo. Meyers

14. BIRTHPLACE (city or town) (State or country): Tyrone Maryland

MOTHER

15. MAIDEN NAME: Maria Boddy

16. BIRTHPLACE (city or town) (State or country): Tyrone Maryland

17. INFORMANT: Mary Meyers
(Address) 1030 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Pleasant Rest. Date: June 9, 1943

19. UNDERTAKER: Mr. George A. Holland
(Address) 1631 Druid Hill Ave.

20. FILED JUN 9 1943 Registrar: Thurlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1943 to June 5, 1943

I last saw him alive on June 5, 1943. Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal Disease	1940
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical signs + symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Johns E. S. Campbell M. D.

(Address) 1039 N. Carey St.

OCCUPATION is very important. See instructions on back of certificate.

05182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. C 05182

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 N. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Vincent St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janie Fairfax Fairfax

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col'd | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joe
6 (c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) May 12, 1862

8. AGE: Years 81 | Months - | Days 25 | If less than one day hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Faulkner
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Richmond Va

16 (a) Informant Virginia Jackson
(b) Address 523 N Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1943 (month) (day) (year)
(c) Cemetery or crematory W. Ft. Culbertson Cem
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 922 N. Monroe St

19 (a) JUN 9 - 1943 (Date rec'd by Registrar) Thurlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 7 1943, and that I last saw h alive on June 7 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to Cerebral Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Harwood M. D.
Address 939 W Fayette St Date signed June 9/43

VS 3

G 05183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G 05183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virgil Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Anne Arundel Co. Md.

MOTHER
14. Maiden Name Rosie Mitchell
15. Birthplace Anne Arundel Co Md

16 (a) Informant Sarah Brisco
(b) Address 309 N. Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie N. Williams
(b) 309 Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 1 50 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Depressed fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 4 at 1943 8 20 P M.
(b) Where did injury occur? 501 N. Bruce St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Struck on head with hammer

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 6 1943.

VS 151

05184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Fetrow

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence E. Fetrow

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 22. 1889

8. AGE: Years 54 | Months 2 I4 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Home

FATHER
12. Name George H. Schrauder
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Clarence E. Fetrow
(b) Address 3204 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave., Baltimore.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

JUN 9 1943 (Date received by registrar) (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6. 1943, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1943 to June 7 1943 and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — Duration

Due to Probably due to Septic infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Jantzen

Address 004 N. Milton Ave Date signed 6/8/43 M D

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

65185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579

Registered 65185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2124 Wilhelm St. Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Madden
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4 - 1943

8. AGE: Years	Months	Days	If less than one day
0	0	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John E. Madden
13. Birthplace Burlington N. Jersey

MOTHER
14. Maiden Name A. J. Nelson
15. Birthplace Baltimore Md

16 (a) Informant John E Madden
(b) Address 2124 Wilhelm St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location City
18 (a) Funeral director Hoff C+B McWalter
(b) Address Pratt + Stricker Sts

19 JUN 9 - 1943 (Date rec'd by registrar) (b) Huntington Hollins Md (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1943 to 6-8 1943, and that I last saw her alive on 6-8 1943

Immediate cause of death Starvation + exhaustion — Duration

Due to congenital atresia of duodenum + ileum +

Due to ascending + transverse colon

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-4-43

Major findings of operation: Congenital atresia of ileum + colon

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Kardash M. D.
Address Univ. Hospital Date signed 6-8-43

G 05186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. G 05186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Ramsey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Ramsey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Fefel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John O. Fefel
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct 9 1881

8. AGE: Years	Months	Days	If less than one day
61	7	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Zimmerman
13. Birthplace Ohio

MOTHER
14. Maiden Name Frances A. Stewart
15. Birthplace Baltimore Md

16 (a) Informant Mary E. Steudl
(b) Address 137 Cherry Hill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Toth C & B M Walter
(b) Address Hall & Hinkley Sts Huntingdon for Williamsport, Md.

19 (a) Filed JUN 9 1943 (Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1943, to 6-7 1943, and that I last saw her alive on 6-6 1943.

Immediate cause of death: (a) Hypostatic pneumonia contributory chronic nephritis

Duration between onset and death

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenau M. D.
Address 206 S. Gilmor St. Date signed 6-8-43

G 05187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 55187

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATE R. EMMART

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1863

8. AGE: Years	Months	Days	If less than one day
80	4	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name L. W. Emmart
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary A. Rothrock
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. John T. Meany, brother-in-law
(b) Address 908 - 23rd St., N.W., Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Rock Creek Cem.
Location Washington, D. C.

18 (a) Funeral director JOSEPH GAWLER'S SONS, INC.
(b) Address Washington, D. C.

19 (a) JUN 9 1943 (b) Huntington Williams, Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1943 to June 9 1943 and that I last saw her alive on June 8 1943

Immediate cause of death: Myocardial insufficiency — Duration: 1 mo.
Due to Senescent
Due to Arteria - Sclerosis of Years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Gaylard M. D.
Address 2925 N. Charles St. Date June 9, 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Fill in all blanks, with ONE ALONG INK.

G 05188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 05188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Colfer

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1866

8. AGE: Years	Months	Days	If less than one day
77	1	14	hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ✓

MOTHER
14. Maiden Name Unknown
15. Birthplace ✓

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave Near Gay St.

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road

19 (a) JUN 9 — 1943 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943, at 2:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1943, to June 7 1943, and that I last saw him alive on June 4 1942.

Immediate cause of death: Carcinoma of the rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Fetterman
Address 7324 Reisterstown Rd Date signed 6/8/43

G 05189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 05189 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Entaw Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sigmond A. White

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1860

8. AGE: Years 82 | Months 6 | Days 21/20 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Isaac White
13. Birthplace Bohemia

MOTHER
14. Maiden Name Esther Bergman
15. Birthplace Md.

16 (a) Informant Mrs. H. Rosenthal
(b) Address 2311 Entaw Place

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)
(c) Cemetery ~~no cemetery~~ London Pk.
Location Balto. Md.

18 (a) Funeral director David Lombrozo Son
(b) Address 1902 Entaw Place

19 JUN 9 - 1943 (Date rec'd by registrar)
Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1943, at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 19 43 to June 8 19 43, and that I last saw him alive on June 8, 19 43

Immediate cause of death Bronchopneumonia — Duration 8 days

Due to Atelectasis

Due to Post-operation

Other Conditions Arteriosclerotic gangrene. Prostate (Include pregnancy within 3 months of death)

Date of operation June 7, 1943

Major findings of operation: Arteriosclerotic gangrene

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Mamick M. D.
Address Sinai Hosp Date signed 6-9-43

G 05190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149B G 05190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 E Hoffman (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Rowan 78060

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James P Rowan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1910

8. AGE: Years 33 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Leighton
13. Birthplace Md

MOTHER
14. Maiden name Mary E Pepperney Hann
15. Birthplace Md

16 (a) Informant James P Rowan
(b) Address 2025 E Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balto Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

Filed JUN 9 1943 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 7 1943, and that I last saw h.e.r alive on June 7 1943.

Immediate cause of death: Acute dilatation of heart — Duration: 6 hrs

Due to: Rheumatic heart disease

Due to:

Other Conditions: 8 days Post Partum, Caesarian Section
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Full Term Pregnancy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Mannino M. D.
Address 1101 N Paul Date signed 6/7/43

G 05191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

G 05191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N. Broad St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene H. Manger

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Annie K. Manger
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct 14. 1871

8. AGE: Years	Months	Days	If less than one day
71	7	28	4 hr. min.

9. Birthplace [redacted] Md.
(Town, county, and state)
10. Usual Occupation retired 7 years
11. Industry or business

MOTHER / FATHER
12. Name Martin A. Manger
13. Birthplace Germany
14. Maiden Name K.
15. Birthplace

16 (a) Informant Miss Katharine Muesse
(b) Address 1 Rochambeau apts.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/43
(c) Cemetery or crematory Druid Ridge
Location Pikesville Balto. Md.
18 (a) Funeral director John C. Mitchell & Son
(b) Address 1900 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 180 JUN 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 1943, at 11:12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1943, to 6/8 1943, and that I last saw h i alive on 6/8 1943.

Immediate cause of death Uremia — Duration

Due to Benign Prostatic Hypertrophy

Due to

Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Guy M. Zimmerman
Address Md. Gen. Hosp. Date signed 6/8/43

05192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

G 05192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 N. Callington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 N Callington Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Handy
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-16-6527

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Handy
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) August-17-1881
8. AGE: Years 61 | Months 9 | Days 22 21 | If less than one day hr. min
9. Birthplace Birmingham England (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mary A. Handy
(b) Address 1728 N. Callington Ave
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-11-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St
19 JUN 9-1943 (Date rec'd by Reg.) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1943. to June 8 1943.
and that I last saw him alive on June 8 1943.

Immediate cause of death

Due to Chronic Valvular Heart disease

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Frohman M. D.
Address 1828 N. Broadway Date signed 6/9/43

Please write in ink. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05193

435575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 N

Registered No. G 05193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County VENANGO
(c) City or town Pleasantville (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 3 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert J. Baker

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife MARGARET
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 1-2-98

8. AGE: Years	Months	Days	If less than one day
45	5	7	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation Oil Lease Worker
11. Industry or business

FATHER 12. Name Robert Baker
13. Birthplace CANADA

MOTHER 14. Maiden Name Ida Spence
15. Birthplace ?

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory Pleasantville
Location Pleasantville, Pa.

18 (a) Funeral director Nelson Undertaking Co.
(b) Address 1214 E. Fayette St. Baltimore, Md.

19 (a) JUN 9 - 1943 (Date received by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 9 1943 and that I last saw him alive on June 9 1943.

Immediate cause of death	Duration
Brain Tumor - glioma - malignant	8 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 1, 1943
Major findings of operations: Tumor - inoperable
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Stewart
Address J.H.H. Date signed 6/9/43

J. J. Stewart

G 05194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149a

Registered No. G 05194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1350 W. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1359 W. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HESTER ANN WATTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	5	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W. Devage
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Josephine Blair
15. Birthplace Charles Co., Md.

16 (a) Informant Mrs Martha Thompson
(b) Address 1203 Clendenin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto., Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 Filed [illegible] (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 7, 1943 19 , at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3- 1943 to 6-7 1943 and that I last saw h[illegible] alive on 6-7- 1943

Immediate cause of death: Cardiac + Respiratory Failure — Duration: ?

Due to: Carcinoma of Ovaries

Due to: Anemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation February 21, 1943

Major findings of operation: Carcinoma of Ovaries

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Hamm M. D.
Address 2340 Mordecai Av. Date signed 6-9-43

Huntington Hillcrest, M.D.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G 05195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Upper Falls
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11 1865

8. AGE: Years	Months	Days	If less than one day
74	5	26	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Clark
13. Birthplace Md

MOTHER
14. Maiden Name Laura Frederick
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Loreley, Balto. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578n W. Biddle St.

19 (a) [illegible] (Date rec'd by reg. officer) (b) Huntington Ave. Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943 at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1943 to June 7 1943 and that I last saw living on June 7 1943

Immediate cause of death: Heart failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions: Urinary Bladder atony, prostatic obstruction, [illegible] infection

Date of operation: Cystostomy 4-30-43

Major findings of operation: Prostatectomy resection

Pathological examination of autopsy: Bladder 5-28-43

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Clay M. D.
Address Johns Hopkins Hospital signed 6-8-43

VS 250

05196

JL - 71193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. C 05196

Please write plainly, with UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Morris St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Della Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, ? 76

8. AGE: Years	Months	Days	If less than one day
66 ?	? 10	?	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Manuel Thomas Rayne
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Annie Mills
15. Birthplace Catonsville, Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Filed 6-11-1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1943 at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1942 to 6-9 1943 and that I last saw her alive on 6-9 1943

Immediate cause of death: Pulmonary Embolism

Due to: Thrombosis pelvic veins

Due to:

Other Conditions: Complete uterine prolapse

(Include pregnancy within 3 months of death)

Date of operation 6-2-43

Major findings of operation: Kolporrhexis

of autopsy:

Duration
type.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Balto City Hosp. Address M. D.
Date signed 6-9-43

G 05197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05197 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3538 Hickory Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie J. Hottinger.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Charles Hottinger.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	1	6		

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Talbott
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E. Fenn
15. Birthplace Va.

16 (a) Informant Mary V. Pohrback.
(b) Address 803 W 34th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Valley.
Location Frederick Co. Md.

18 (a) Funeral director Thomas F. Moran
(b) Address 361 S. Carey St

19 (d) JUN 9 - 1943 (Date rec'd by registrar) Huntington Millard, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943, to 6-8 1943, and that I last saw h[illegible] alive on 5-15 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertensive CVD	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Shanahan M. D.
Address 374 Tally Rd Date signed 6-8-43

VS 150

G 05198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G 05198 Registered No. 26784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hospital
(c) Hospital or institution: Baltimore, Md 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. city
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Mosher St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William B. Cook

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-22-0031

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Roberta May Cook

6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): May 8, 1870

8. AGE: Years: 73 Months: 0 Days: 29 If less than one day: hr. min.

9. Birthplace: Kent Island, Maryland (Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Marine Engineer

FATHER
12. Name: James Cook
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Susan A. Baker
15. Birthplace: Maryland

16 (a) Informant: Mrs. Roberta May Cook
(b) Address: 1817 Mosher St., Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1943 (month) (day) (year)
(c) Cemetery or crematory: Concord Cemetery
Location: Near Federalsburg, Md.

18 (a) Funeral director: J. J. Trappe & Son
(b) Address: Federalsburg, Maryland

19 JUN 9 - 1943 (Date rec'd by registrar) Huntington Williams Registrar, N.J.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/43 19 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/43 19 to 6/7/43 19, and that I last saw him alive on 6/7/43 19

Immediate cause of death: Pneumonia — Duration

Due to: Cerebral Thrombosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address W. T. Bryan M.D. St. Agnes Hosp. Date signed 6/8/43

05199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 37a

G 05199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1065 Church St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Michael ~~Johnat~~ IHNAT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 6 1933

8. AGE: Years	Months	Days	If less than one day
10	5	3	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name Michael
13. Birthplace Pa.

MOTHER
14. Maiden Name Estelle Kurowski
15. Birthplace Pa.

16 (a) Informant Mr. Michael F Johnat
(b) Address 1065 Church st Curtis Bay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)
(c) Cemetery or crematory St. Cyrilla Methodist
Location Peckville Pa

18 (a) Funeral director William M Marack
(b) Address 765 Light St

19 (a) JUN 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943, at 3.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1943, to 6/8 1943, and that I last saw him alive on 6/7 1943.

Immediate cause of death: Encephalitis — Duration: 2 days

Due to (a)

Due to (b)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Zalafo
Address 1213 Light St Date signed 6/9/43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05200

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 93D

G 05200
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Braddock Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Gertrude Plott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1883

8. AGE: Years	Months	Days	If less than one day
59	9	19	hr. min.

9. Birthplace England
(Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business Home

FATHER
12. Name Thomas O'Boyle
13. Birthplace England

MOTHER
14. Maiden Name ? Glenn
15. Birthplace England

16 (a) Informant Mr Herbert Plott
(b) Address Braddock Heights Md.

17 (a) Burial (b) Date thereof 6/11/1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd Baltimore

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) JUN 9 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 43, at 5 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943, to June 8 19 43
and that I last saw h~~e~~r alive on June 8 19 43.

Immediate cause of death Cerebro Vascular Accident — Duration
Due to Hypertension Arteriosclerosis
Due to Dementia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Glynn M.D.
Address St. Josephs Hosp. Date signed 6/9/43

VS 3

T-G 05201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 b Registered No. G 05201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Box 14, Crownsville, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. - None (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME FURMAN BOYCE JOHNSON

3 (b) If veteran, name war World's War

3 (c) Social Security Account No. -

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara Johnson

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1885

8. AGE: Years 47 yrs. | Months 6 | Days 15 | If less than one day - hr. - min.

9. Birthplace Lancaster Co., N. C. (Town, county, and state)

10. Usual Occupation Ship Yard Worker

11. Industry or business " "

FATHER
12. Name Wm. D. Johnson
13. Birthplace Lancaster Co., N. C.

MOTHER
14. Maiden Name Hattie Davis
15. Birthplace Fairfield Co., S. C.

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/11/43 (month) (day) (year)

(c) Cemetery or crematory Loch Hill C.
Location

18 (a) Funeral director Lee Odir
(b) Address 4644 York Rd.

19 JUN 10 1943 (Date received) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1943, at 3:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1943, to June 8, 1943, and that I last saw him alive on June 6, 1943.

Immediate cause of death Encepheletis — Duration: Approx. May 14, 1943

Due to (over)

Due to

Other Conditions Acute maxillary sinusitis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. S. Bran

Address Baltimore, Md. **Date signed** 6/9/43 M. D.

VS 350

Va-13227

G 05202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Druid Hill Ave
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Dodsworth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Cosby Dodsworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) England 1886

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace England (Town, county, and State)
10. Usual Occupation minister
11. Industry or business Church

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant wife
(b) Address Darlington Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-1943 (month) (day) (year)
(c) Cemetery or crematory Darlington, Md. Location Harford Co. Md

18 (a) Funeral director H. S. Bailey
(b) Address Darlington, Md.

19 (Date rec'd by registrar) JUN 10 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943 to June 9 1943 and that I last saw him alive on June 9 1943

Immediate cause of death: Ch. surg. abdomen — Duration 2 days
Due to Pneumonia — 3
Due to —
Other Conditions arterio sclerosis — 1

(Include pregnancy within 3 months of death)
Date of operation 0
Major findings of operation: 0
of autopsy: June 9-43

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence at M
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Key
Address University Hosp. Date signed 6-9-43

VS 2

05203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G 05203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Ensor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Ensor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Nodine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Lewis A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21 1861

8. AGE: Years 81 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Steven B Allen

13. Birthplace Conn

MOTHER 14. Maiden Name Phebe Markham

15. Birthplace Conn

16 (a) Informant Emma L Aurbach

(b) Address 1604 Ensor St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)

(c) Cemetery or crematory Huntington

Location Huntington, Conn

18 (a) Funeral director William Coyne

(b) Address 1217 E Lafayette Ave Baltimore, Md

19 (a) JUN 16 1943 (Date rec'd by registrar) (b) Huntington Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to June 5 1943, and that I last saw her alive on June 4 1943.

Immediate cause of death: Carcinoma Vesicle — Duration 5 Yrs

Due to Hypocardiac Hypostasis — 24 hr

Due to C.P.C. Lungs & Liver — 1 Yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C A Von Dohlen M.D.

Address 802 N Fulton Ave Date signed 6/11/43

VS 250

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 05204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Old Spring Lane
(c) Hospital or institution: Old Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Sheldon

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1864

8. AGE: Years 78 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Wm Sheldon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna (Unknown)
15. Birthplace

16 (a) Informant Mrs Helen Sheldon
(b) Address 4 Homestead Ave Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director Wilson Cook Inc
(b) Address 207 St. Paul St

19 JUN 10 1943 (Date rec'd by registrar) Hunter Washington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1943 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to June 8 1943, and that I last saw her alive on June 4 1943.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Cutterenaugh M.D.

Address 7324 Reisterstown Rd Date signed 6/8/43

G 05205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. G 05205

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Presstman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Presstman St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Retta Holmes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	colored	married

6 (b) Name of husband or wife Harrison Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 17, 1916

8. AGE: Years	Months	Days	If less than one day
26	9	19	hr. min.

9. Birthplace Va
(Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Watkins
13. Birthplace Va

MOTHER
14. Maiden Name Rebecca Harris
15. Birthplace Va

16 (a) Informant Harrison Holmes
(b) Address 1715 Presstman St

17 (a) Burial (b) Date thereof 6-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cem.
Location md

18 (a) Funeral director George H. Helson
(b) Address 1303 Pennsylvania Ave

19 JUN 10 1943 (b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943 at 11:53 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1943 to June 6 1943 and that I last saw h alive on 6/6 1943.

Immediate cause of death
Cerebral Embolism

Duration 3 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R N Hesketh M.D.
Address 1717 Pennsylvania Ave Date signed 6/17/43

05206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 05206
Registered No.

1. PLACE OF DEATH: 4537 Ashenley Road,
(a) Baltimore City, Maryland
(b) Street address 4537 Ashenley Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4537 Ashenley Road,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Francis Godwin.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-7756

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Elizabeth Godwin
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Sept 17, 1875.
8. AGE: Years 67 | Months 8 | Days 22 | If less than one day: hr. min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Watchman.
11. Industry or business McCoy (Store)

FATHER
12. Name John Edwin Godwin.
13. Birthplace Md.

MOTHER
14. Maiden Name Hannie Hobbs.
15. Birthplace Queenstown Md

16 (a) Informant Elizabeth Godwin.
(b) Address 4537 Ashenley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory London Park,
Location

18 (a) Funeral director Wally R. McNamee
(b) Address 4414 Falls Road.

19 JUN 10 1943 Registrar for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 1942 to June 1943, and that I last saw h[illegible] alive on June 9 1943.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Coronary Sclerosis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Goodwin M. D.
Address 23 St. Paul St Date signed 6-10-43

VS 8

G 05207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Garrison Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Eisendrath,

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Oscar Eisendrath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16- 1860

8. AGE: Years	Months	Days	If less than one day
83	2	24	— hr. — min.

9. Birthplace St Louis. Mo.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Walter
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sophie Getz
15. Birthplace ? Isaacs

16 (a) Informant Mrs Isaac
(b) Address 3007 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 (Month) (day) (year)
(c) Cemetery or crematory Chicago. Ill.
Location Mt Mayrin cemetery

18 (a) Funeral director J. Ahrens & Co
(b) Address 1823 Reisterstown Rd

19 (a) Huntington Williams, M.D.

JUN 10 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 - 43 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1927 to June 9 1943, and that I last saw her alive on June 9 1943.

Immediate cause of death Acute Cardiac dilitation — Duration 2 days.
Due to
Due to Myocardial degen.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warren M. D.
Address 3007 Garrison Blvd Date signed 6-9-43

43H48208

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05208

CERTIFICATE OF DEATH 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 N Gay (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida B. Duvall ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-2-57

8. AGE: Years	Months	Days	If less than one day
85	8	5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Christopher Thomas

13. Birthplace Md

MOTHER 14. Maiden Name Mary Cath Andrew

15. Birthplace D.C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location North Ave near Gay St

18 (a) Funeral director Howard N. Bligh Jr

(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 1125 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943, to June 7 1943, and that I last saw her alive on June 7 1943.

Immediate cause of death: TERMINAL Broncho. PN. — Duration

Due to: FRACTURE OF LEFT FEMUR

Due to: ACCIDENT

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/12/43

Major findings of operations: INTERNAL FIXATION OF HIP

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ACCIDENT

(b) Date of occurrence 5/11/43 at — M

(c) Where did injury occur? BALTIMORE (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place) HOME (Specify type of place) While at work? No

(e) Means of injury FALL on floor

23. Signature Robert E. Austrian

Address The Johns Hopkins Hosp. Date signed 6/8/43

Approved by Howard J. Madden, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05209

BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. G 05209

CERTIFICATE OF DEATH 46M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 15
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Ellamont Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ISSAC LEVIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widow

6 (b) Name of husband or wife Ida
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re
11. Industry or business Merchant

FATHER
12. Name Louis Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Bella
15. Birthplace Russia

16 (a) Informant Maurice N. Levin
(b) Address 3501 Ellamont Rd

17. Burial (Burial, cremation or removal) (b) Date thereof 6-11-43 (month) (day) (year)
(c) Cemetery or Crematory Sinai Abraham
Location Herring Run

18 (a) Funeral director Jos. Levin Son
(b) Address 1139 E. Baltimore St.

19. JUN 10 1943 (Date Rec'd by Registrar) (Signature) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943 at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to June 8 1943, and that I last saw h[illegible] alive on June 8 1943.

Immediate cause of death	Duration
Cachexia	
Due to Gastro intestinal carcinoma with liver metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert N. Jacobs M. D.
Address Sinai Hospital Date signed 6/8/43

Please write clearly, with UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. C-05210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 E. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs 10 mins
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2004 N. Pentalow St (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Howard L. Wolf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 3-23-43 1941
8. AGE: Years 2 | Months 2 | Days 15 | If less than one day: hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wolf
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ethel N. Scheinberg
15. Birthplace New York

16 (a) Informant Father
(b) Address

17. (Burial, cremation, removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Bet. Friedrich agudas
Location Rosedale

18 (a) Funeral director Jos. Levin & Sons
(b) Address 1439 E. Balto St

19 (Date rec'd by registrar JUN 10 1943) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1943 at 1 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1943 to 6-8 1943, and that I last saw h[illegible] alive on 6-8 1943.

Immediate cause of death: Traumatic Shock — Duration
Due to: Strangulated Inguinal hernia, Right.
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation 6-8-43
Major findings of operation: Indirect Inguinal Hernia, Rt.
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Kaneg M.D.
Address Bon Secours Hosp Date signed 6-8-43

VS 8 Note Body Released by Med. Exam. Office.

G 05211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

Registered No. G 05211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 S Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Simon Leritzsky also Leavitt

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Phila Pa
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Davidoff
15. Birthplace Russia

16 (a) Informant Sarah Goldberg
(b) Address 212 S. ann St
17 (a) Burial (b) Date thereof 6-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hartgens Chapel
Location Mt. Carmel
18 (a) Funeral director Jack Lewis Jr
(b) Address 1439 E. Baltimore St
Huntingtown Williamsport, Md

JUN 10 1943
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943, to June 9 1943, and that I last saw h~~im~~ alive on June 9 1943.

Immediate cause of death: Acute Cardiac Failure — Duration 4 hr day

Due to: Cardio - Vascular Lues

Due to:

Other Conditions: Aortic Aneurysm
Pulmonary Edema
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy: Aortic Aneurysm, Cardiac Hyper[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B. Hoffman M. D.
Address Sinai Hosp. Date signed 6/5/43

G 05212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05212
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 E Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Robertson

3 (b) If veteran, name war ?

3 (c) Social Security Account No. 224-26-0346

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 57 | Months mth. | Days | If less than one day hr. min.

9. Birthplace York Co Pa
(Town, county, and state)

10. Usual Occupation Chief.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant W. J. Smith & Son
(b) Address Morrison Va

17 (a) Removal (b) Date thereof 6/10/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Morrison Va

18 (a) Funeral director Geo. L. Bayer Jr
(b) Address 1512 Holland St

19 (a) JUN 10 1943
(Registered by)
Registrar
Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1943, at 7 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute pulmonary edema

Due to Chronic myocardial degeneration

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 6 1943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 05213 15-6 131a G 05213

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Gore

If U. S. Veteran specify WAR

(a) Residence: No. 2832 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Jan. 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME Richard Orson Gore

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

MOTHER

15. MAIDEN NAME Anna R. Catrup

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Mrs. L. R. Townshend

(Address) 2832 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/11/43 19

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Balto., Md.

20. FILED JUN 10 1943 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1943 to June 9, 1943

I last saw her alive on June 9, 1943 Death is said to have occurred on the date stated above, at 2:36 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	many yrs
Other contributory causes of importance:	
Arteriosclerosis & Senile Debility	many yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Richardson M. D.

(Address) 112 W. Saratoga St.

OCCUPATION is very important. See instructions on back of certificate.

05214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 Southway
(c) Hospital or institution: at home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Southway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Hildebrand Callis

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles E. Callis
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 29 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	0	10		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robt Lee Hildebrand
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lea Herman
15. Birthplace Bel-Air-Md.

16 (a) Informant Mr Chas. E. Callis (Husband)
(b) Address 217 Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Sullivan Mooney Co.
(b) Address 108 W Mt Royal Ave.

19 (c) JUN 10 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at 10.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1939, to June 8 1943, and that I last saw h[illegible] alive on June 8 1943.

Immediate cause of death	Duration
Left ventricular failure	36 hours
Due to Coronary occlusion	3 years
Due to Essential Hypertension	10 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Collenberg M. D.
Address 2 W. Read St. Date signed 6/10/43

05215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1040 ✓

Registered No. G 05215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 S. Clinton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 S. Clinton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Davis L. Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 7-1942

8. AGE: Years	Months	Days	If less than one day
	8	-	hr. min.

9. Birthplace Baltimor Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Harris
13. Birthplace Dont. Tow

MOTHER
14. Maiden Name Alice Lyons
15. Birthplace Balto Md

16 (a) Informant Bertha O'Brien
(b) Address 1227 South Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 10 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) JUN 10 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1943, at 1 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Upper Respiratory Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-8-43

G 05216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05216 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1750 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1750 Darley Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph S. Hoffmeyer

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-20-5425

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Pauline Hoffmeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26th. 1888

8. AGE: Years 54 | Months 5 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Shipyard

FATHER
12. Name Herman Hoffmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Burke
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Joseph Hoffmeyer
(b) Address 1750 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Fossum Funeral Home
(b) Address 7401 Belair Road

19 (a) (b) Huntington Hollins

JUN 10 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th, 1943 19 , at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1943, to June 8 1943, and that I last saw him alive on June 7, 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 6 hrs.
Due to:
Due to:
Other Conditions: Lobar Pneumonia — 2 wks
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward C. Wolfe M. D.
Address 1331 E. North Ave. Date signed

G 05217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1443

G 05217 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 S. Chapel Gate Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 501 S. Chapel Gate Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Brillhart

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-10-9816

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 - 1875

8. AGE: Years	Months	Days	If less than one day
67	8	6	hr. min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business B. & O. R.R.

FATHER
12. Name Joseph Brillhart
13. Birthplace Martinsburg W. Va

MOTHER
14. Maiden Name Ella Rose Turner
15. Birthplace Martinsburg W. Va

16 (a) Informant Mrs. Ena F. Brillhart
(b) Address 501 S. Chapel Gate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George F. Schnorr
(b) Address 7101 Frederick Ave

19 (a) JUN 10 1943 (Date rec'd by Registrar)
Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to June 8 1943, and that I last saw him alive on June 8 1943.

Immediate cause of death: Dodgkins disease — Duration 18 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson, M. D.
Address 7432 Frederick Ave Date signed

VS 180

G 05218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G 05218
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7112 South Road
(c) Hospital or institution: Mount Washington
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7112 South Road Here
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia R. Richards

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 - 1865

8. AGE: Years	Months	Days	If less than one day
77	10	15	hr. min.

9. Birthplace London England
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Housewife

FATHER
12. Name Daniel Lynge
13. Birthplace England

MOTHER
14. Maiden Name Maria M. Johnson
15. Birthplace England

16 (a) Informant Mrs. Harry C. Ball
(b) Address 7112 South Road.

17 (a) Burial (b) Date thereof June 10-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) [illegible] Frederick ave
JUN 10 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943. at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939. to June 7 1943.
and that I last saw her alive on June 7 1943.

Immediate cause of death	Duration
Generalized Metastatic Carcinoma	2 yrs
Due to Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan. 1941
Major findings of operation: Malignancy of Mammary Gland
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sherman Allen M.D.
Address 2601 Manhattan Ave. Date signed June 8/43

VS 3

G 05219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 05219 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1745 S. Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 S. Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine A. Haslup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife LeRoy Haslup
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 9th, 1872

8. AGE: Years	Months	Days	If less than one day
70	10	30	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name William H. Rattican
13. Birthplace Ireland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland.

16 (a) Informant Mr Leroy Haslup
(b) Address 1745 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Annapolis Rd.

18 (a) Funeral director John J. Cowan and Son
(b) Address 901 Hollins St.

19 (a) (Signature of registrar) (b) Registrar

JUN 10 1943

VS 144

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th, 1943. 8.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June, 1943 to June 8, 1943 and that I last saw her alive on June 7 1943.

Immediate cause of death

Due to Hypostatic pneumonia

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 days
3 yrs
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Newsome, M.D.
Address 1 E Biddle St Date signed June 9th

G 05220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3173 Elliott St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3173 Elliott St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 51 years

3 (a) FULL NAME Nicholas Goller.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Margaret Goller
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1875

8. AGE: Years	Months	Days	If less than one day
67	9	17	hr. min.

9. Birthplace Hotbach, Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Baking.

FATHER
12. Name Conrad Hotbach
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Fisher
15. Birthplace Germany

16 (a) Informant Margaret Goller
(b) Address 3173 Elliott St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Rapal

18 (a) Funeral director Elliott Funeral Home
(b) Address 2106 Pulaski Hwy

19 (a) (Date received) JUN 10 1943 (b) Registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943, to June 9 1943, and that I last saw him alive on June 8 1943.

Immediate cause of death: myocardial insufficiency — Duration 5 days
Due to: Carditis — ?
Due to:
Other Conditions: Diabetes mellitus, obesity. — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Schiliro

Address 4471 N. Kenwood Ave Date signed 6/9/43

G 05221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 150 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 250 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: John Joseph Jones 79012

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Alma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1914

8. AGE: Years 29 | Months 5 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Frank J. Jones
13. Birthplace: Md.

MOTHER
14. Maiden Name: Frances Knoll
15. Birthplace: Md.

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location City

18 (a) Funeral director: Wilhelm Funeral Home
(b) Address: 208 E. Pleasant St.

19 JUN 10 1943 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at 10:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1943 to June 8 1943, and that I last saw h im alive on June 8 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 1½ yrs.

Due to

Due to

Other Conditions: Broncho-pleural fistula
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Graham

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Alvin S. Hartz M.D.
Address: Balto City Hosp. Date signed 6/9/43

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950

G 05222 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mariano Bruno

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Annie Garbo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9 1894

8. AGE: Years	Months	Days	If less than one day
49 48	1	29	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Cohen & Goldman

FATHER
12. Name Fungio Bruno
13. Birthplace Italy

MOTHER
14. Maiden Name Virginia Candilla
15. Birthplace Italy

16 (a) Informant Wife
(b) Address 609 N. Potomac st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank Di Pipitone
(b) Address 2518 E. Baltimore st.

19 (a) (Date received by registrar) JUN 10 1943 Registrar, M.D.

Huntington Hillsboro, Md.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943 to June 8 1943, and that I last saw h— alive on June 8 1943.

Immediate cause of death: Pneumonia (primary)
Due to
Due to
Other Conditions Congestive Hrt. Failure

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klyanowicz M.D.
Address St. Josephs Hosp Date signed 6/9/43

G 05223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G 05223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Heston Rd
(c) Hospital or institution: Ashburton Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~1/2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Rose Hill Terrace
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

9

3 (a) FULL NAME Samuel H. Rhynhart

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1863

8. AGE: Years	Months	Days	If less than one day
79	8	19	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs Sue E Shaffer
(b) Address 33 H Ilchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William H Marsek
(b) Address 716 Lisbon St

19 (a) JUN 10 19[illegible] (Date received by registrar) Registrar

Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 7 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 7 1943 and that I last saw h[illegible] alive on June 6 1943

Immediate cause of death	Duration
Broncho Pneumonia	8 d
Due to Arteriosclerosis Generalized	3 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. F. A. Stevens M. D.
Address 2818 Harford Av Date signed 6-9-43

G 05224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 05224 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Marshall st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Marshall st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles H Mikesell

3 (b) If veteran, name war No | 3 (c) Social Security Account No. no

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Myrtle Mikesell

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1869

8. AGE: Years 73 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Westminster Carroll Co Md (Town, county and state)

10. Usual Occupation Retired B&O R R

11. Industry or business Conductor

FATHER
12. Name Urias B. Mikesell
13. Birthplace Myers District Carroll Co

MOTHER
14. Maiden Name Polly Schuff
15. Birthplace Myers District Carroll Co

16 (a) Informant Myrtle Mikesell
(b) Address 1519 Marshall st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director U. G. Heyward & Sons
(b) Address 1400 N. Charles St.

19 (a) JUN 10 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to June 9 1943 and that I last saw her alive on June 9 1943

	Duration
Immediate cause of death: Pneumonia	2 days
Due to: Cerebral Hemorrhage	4 wks.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

Autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Campbell

Address 1644 Hanover St Date signed 6/9/43

Huntington Williams M.D.

G 05225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a Registered No. G 05225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Bell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Bell St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Marie Haughey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted] 1873

8. AGE: Years 70 | Months — | Days — | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Andrew McDermott
13. Birthplace Ireland

MOTHER
14. Maiden Name Theresa Ward
15. Birthplace Ireland

16 (a) Informant Mrs Cath Schmidt
(b) Address 1714 Bell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Sydenham Road

18 (a) Funeral director J. J. Casey & Sons
(b) Address 518 Light St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th. 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943, to June 7 1943 and that I last saw h[illegible] alive on June 7 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 11 days
Due to: Coma — Duration: 11 days
Due to
Other Conditions (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] MD
Address 1279 Mulberry St Date signed 6/9/43

JUN 10 1943

05226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Towanda Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Towanda Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68	–	–	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Poultry Dealer

FATHER
12. Name Morris Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Esther Levy
(b) Address 3706 Towanda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 JUN 10 1943 (Date received) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 8.05

20. DATE OF DEATH June 8 1943, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1942 to 6/5 1943, and that I last saw him alive on 6/5 1943.

Immediate cause of death — Duration

Acute coronary thrombosis

Due to ch coronary sclerosis

Due to ch myocarditis

Other Conditions ch diabetes

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. L. Holmstein, M.D.
Address 733 Asquith St Date signed 6/9/43

G 05227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830

G 05227 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2748 W. Fairmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2748 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles. Edward. Bell.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-6457

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Cooksey
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 17 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74 75	6 5	21		

9. Birthplace Prince George Co. Md (Town, county, and state)
10. Usual Occupation Truck Farmer.
11. Industry or business Railroad.

FATHER
12. Name Chas. Bell
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Chas E. Bell
(b) Address 2748 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd.

18 (a) Funeral director Thos J. Kenny
(b) Address 1600 W. Baltimore St

JUN 10 1943 (Date received by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 - 1943 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 8 1943. and that I last saw her alive on June 8 1943

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Parker M.D.
Address 2450 N Calvert Date signed 6/8/43

G 05228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 05228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Lothman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Lothman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Anna Nuth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife Henry B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-9-1871

8. AGE: Years	Months	Days	If less than one day
72	4	29	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Gradley
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Family
(b) Address 4215 Lothman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director Leonard F. Rock
(b) Address 3305 Harford Rd.

JUN 10 1943 (Date rec'd) (b) Huntington Williams, MD Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to June 8 1943 and that I last saw h[illegible] alive on June 8 1943

Immediate cause of death Cardio Vascular Hypertension

Due to Renal

Due to

Other Conditions Acute Cardiac Dilitation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration 2 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Aurich, M.D.
Address 700 N. Patterson Park Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05229

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1914 N. Monroe St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1914 N. Monroe St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Ann Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. ****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Hugh J. Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1858

8. AGE: Years	Months	Days	If less than one day
85	2	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Home

FATHER

12. Name Michael J. Flynn

13. Birthplace Ireland

MOTHER

14. Maiden Name Elizabeth A. Coragan

15. Birthplace Ireland

16 (a) Informant Mr. Robert E. Brown

(b) Address 1914 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/1943 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Govans

Location Homeland Ave. Govans

18 (a) Funeral director John A. Moran

(b) Address 4201 Greenmount Ave. Md.

JUN 10 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1943, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to June 7 1943. and that I last saw h alive on June 6 1943.

Immediate cause of death Bronchopneumonia — Duration 20 days

Due to Acute Bronchitis — 30 days

Due to

Other Conditions Chr. nephritis, arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. J. McDermott

Address 1136 Poplar Grove St Date signed 6/10/43

05230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05230
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Waterbury (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: Baby Day

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 27, 1943
8. AGE: Years | Months | Days | If less than one day: 22 hr. 20 min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Otha Day
13. Birthplace: Kentucky

MOTHER
14. Maiden Name: Elizabeth Cavanaugh
15. Birthplace: Ireland

16 (a) Informant: Hospital Records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 10 1943 (Signature of City Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28, 1943, at 9:45AM

22. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943 to May 28 1943 and that I last saw her alive on May 28 1943.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Gilbert J. Vosburgh, M. D.
Address: Johns Hopkins Hospital Date signed 6-3-43

T 0158

05231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05231

Registered No. 433384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before the certificate is signed. Be sure that your answer to each question is complete and correct as far as known. If any question does not apply write "None" or "0" as the case may be. Information is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 E. Bank St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Budzinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-83

8. AGE: Years 59 | Months 5 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Budzinski
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUN 10 1943
Commissioner of Health

18 (a) Funeral director
(b) Address 1111

JUN 10 1943 (Date Rec'd by Registrar) Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1943 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1943 to June 2 1943 and that I last saw him alive on June 2 1943

Immediate cause of death: Chronic Lymphatic Leukemia — Duration 18 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hosp. Date signed 6/5/43

10159

G 05232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05232 / 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 88 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 Brant St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Reed 80338

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1923

8. AGE: Years	Months	Days	If less than one day
19	10	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William Reed

13. Birthplace Va.

MOTHER

14. Maiden Name Emma Jones

15. Birthplace Va.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem Location Brooklyn A. A. Co Md

18 (a) Funeral director Mrs Ida B Bailey

(b) Address 1421 Jefferson St

19 (a) (Date received by registrar) (b) Registrar

JUN 10 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 1:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1943 to June 9 1943, and that I last saw her alive on June 9 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 7 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A L Hale

Address Balto City Hosp Date signed 6/9/43

G 05233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05233 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Holbrook St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Jenkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25-1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	3	14		

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frank P. Vollkommer
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Ach
15. Birthplace Germany

16 (a) Informant Charles H. Jenkins
(b) Address 1534 Holbrook St

17 (a) Burial [illegible] (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 JUN 10 1943 [illegible] Huntington Indiana

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943 at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1943 to June 9 1943 and that I last saw h[illegible] alive on June 8 1943.

Immediate cause of death: Cerebral embolism
Cardiac hypertrophy
Due to Edema
Myocardial degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 10 yrs 2 d

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H G Jones M. D.
Address 2818 St Paul St Date signed 6/11/43

05234 MJ- 81950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ G 05234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 McAllester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Griffith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 69? 1874

8. AGE: Years	Months	Days	If less than one day
69 ?	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Matthew Carey
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 6 17 43
(c) Cemetery or crematory Denton
Location Denton Md.

18 (a) Funeral director R. B. Rawlings
(b) Address Greensboro, Md.

19 (a) (b) Huntington Williams, M.D. Registrar

JUN 11 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1943, at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1943 to 6-10 1943.
and that I last saw her alive on 6-10 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Hypertension C.V. disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 6-10-43

05235 435869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

G 05235
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N Gay (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-21

8. AGE: Years 21 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Bethlehem Steel

FATHER
12. Name Samuel Robinson
13. Birthplace VA

MOTHER
14. Maiden Name Sarah Holloway
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6 14 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Anne Arundel Co., Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) JUN 11 1943 **(b)** Huntington, West Virginia, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 9 1943 and that I last saw h im alive on June 9 1943.

Immediate cause of death Pulmonary embolus — **Duration** 48 hrs.
Due to Femoral thrombophlebitis — 9
Due to
Other Conditions Lobar pneumonia, Right lower, Type 25
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul O. Chatfield, M.D.
Address Johns Hopkins Hosp. **Date signed** 6/10/43

G 05236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05236 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 N. Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N. Calhoun (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Maggie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	29	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Peter Williams
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Margaret Williams
15. Birthplace Frederick Co. Md.

16 (a) Informant Maggie Williams
(b) Address 1507 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-43 (month) (day) (year)
(c) Cemetery or crematory Mercy Chapel
Location Frederick Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1607 Whitehall Hill Ave. Fullerton Williams, Mgr.

19 (a) JUN 11 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1943 to June 7 1943 and that I last saw him alive on June 2 1943.

Immediate cause of death	Duration
Cardio Vascular Disease	1 yr.
Due to Hypertension	1 yr.
Due to Urinary Retention	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Williams Frey M. D.
Address 1928 Penna Ave. Date signed 6/10/43

VS 150

G 05237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 05237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James A. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	W

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 18[illegible] Natural

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	9	5.14		205

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Edward Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Grimes
15. Birthplace Maryland Gibson

16 (a) Informant Hannie Gibson
(b) Address 129 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-'43 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl
Location Balto. Md.

18 (a) Funeral director Mr. Geo. H. Holland
(b) Address 1609 Druid Hill Ave

19 (a) JUN 11 1943 Washington, D.C. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1943, at 11:29 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Pulmonary Tuberculosis

Due to

Other Conditions (Thoracic Incision and inspection)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/8/43.

VS 151

G 05238 #8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05238 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 Aisquith St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country.

3 (a) FULL NAME Mamie Buchanan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Co. Hays
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Elverton Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Luther H. Bell
13. Birthplace Elverton, Pa.

MOTHER
14. Maiden Name Mary F. Thompson
15. Birthplace Elverton, Pa.

16 (a) Informant Co. Hays Buchanan
(b) Address 1342 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Chas. A. Holland
(b) Address 1681 Druid Hill Ave.

19 (a) [illegible] (b) Huntington W. Registrar
JUN 11 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943, to June 9 1943, and that I last saw her alive on June 9 1943.

Immediate cause of death	Duration
Diabetes mellitus	10 mos.
Due to	
Due to Hypertensive cardio	
Other Conditions Vascular disease	
Acute uremia (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth R. Schmill M. D.
Address University Hospital Date signed 6-9-43

G 05239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 159

G 05239
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26-B
(c) Hospital or institution: Station Hospital Holabird Ordnance Depot, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk, Station 22 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 Marshall Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Vivian Mary Karlyn (Infant)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. - -
6 (b) Name of husband or wife - -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 10, 1943
8. AGE: Years - - Months - - Days - - If less than one day 14 hr. 25 min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation - -
11. Industry or business - -

FATHER
12. Name George (None) Karlyn
13. Birthplace Flowerfield, L.I., N. Y.

MOTHER
14. Maiden Name Catherine Anna Marino
15. Birthplace Bristol, Pa.

16 (a) Informant Catherine A. Karlyn
(b) Address 1838 Marshall Rd., Dundalk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem. Location Glenmar Hill Rd.
18 (a) Funeral director Charles S. Gailes
(b) Address 3605 Fait Ave.
19 (a) JUN 11 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1943, to June 10, 1943, and that I last saw her alive on June 10, 1943.

Immediate cause of death Prematurity — Duration

Due to Cause undetermined.

Due to

Other Conditions - - (Include pregnancy within 3 months of death)

Date of operation - -

Major findings of operations: - -

of autopsy: - -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide - -
(b) Date of occurrence - - at M
(c) Where did injury occur? - - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - - (Specify type of place) While at work? - -
(e) Means of injury

23. Signature H. H. Hyman, Major, M.C., M. D.
Address Station Hospital Holabird Ord. Depot, Balto., Md. Date signed 6-10-43

VS 3

G 05240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 432 S. Augusta Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 432 S. Augusta Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Philip Steinwedel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-5561

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna M. Steinwedel

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) June 6, 1865

8. AGE: Years	Months	Days	If less than one day
78		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER

12. Name August Steinwedel

13. Birthplace Germany

MOTHER

14. Maiden Name Katherine Zelhahn

15. Birthplace Germany

16 (a) Informant Mrs Anna M. Steinwedel

(b) Address 432 S. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-45. (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Fredrick A. Cole

(b) Address 1700 W Lombard St

JUN 11 1943 (Date rec'd by registrar)

(b) Thurston for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1943, at 9 A. M

21. I certify that death occurred on the date above stated, at the time I attended deceased from June 1943 to 6/8 1943 and that I last saw h[illegible] alive on 6/8 1943

Immediate cause of death: Coronary thrombosis

Due to: Arteriosclerosis

Due to:

Other Conditions: Arteriosclerosis Marked Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
10 Mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature]

Address 33 E Fredrick St Date signed 6/9/43

G 05241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05241 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 N North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 N North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta May Bissoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife Howard D. Bissoe

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) June 30 1869

8. AGE: Years 73 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER 12. Name Wm. F. Grout

13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Shilling

15. Birthplace Md

16 (a) Informant Howard D. Bissoe

(b) Address 2212 N North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1943 (month) (day) (year)

(c) Cemetery or crematory Randallstown M.E. Church

Location Randallstown Md

18 (a) Funeral director Putnam & Fore

(b) Address 2224 N Charles St.

19 (a) Huntington Williams, Mgr (Date rec'd by registrar) JUN 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1943 to June 10 1943, and that I last saw h[illegible] alive on June 10 1943.

Immediate cause of death	Duration
Acute Myocardial Insufficiency	17 days
Due to Chronic Myocardial Insufficiency	2 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo Billups M. D.

Address 2224 N. North Ave Date signed 6/11/43

G 05242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

G 05242 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 ashland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Ashland Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George Garris

3 (b) If veteran, name war

3 (c) Social Security Account No. 165-05-3519

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	b	married

6 (b) Name of husband or wife Blanche Garris

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March 1st 1886

8. AGE: Years	Months	Days	If less than one day
57	3	5	hr. min.

9. Birthplace Greensboro N. C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Dye Cleaner

FATHER
12. Name John Garris
13. Birthplace N. C

MOTHER
14. Maiden Name Anna Hardin
15. Birthplace N. C

16 (a) Informant Blanche Garris
(b) Address 1223 ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Dr. a. co. Md

18 (a) Funeral director Byron Thomas H. Wright
(b) Address 721 Asquith St

19 (a) JUN 12 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6 1943 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1943 to 6-6 1943 and that I last saw him alive on 6-6 1943.

Immediate cause of death: Aortic insufficiency

Duration
3 mo.
yrs.

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1SW E. Madison St Date signed 6/8/43

Rayner Browne

C 05243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. C 05243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 13 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ruxton. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Leitich
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			13 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Roger Lee Leitich
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Frances Maynard Greenfield
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Roger L. Leitich
(b) Address Ruxton Rd. Ruxton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date received) JUN 11 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943 at 2:30 P M

21. I certify that death occurred on the date above-stated; that I attended deceased from June 9 1943 to June 9 1943 and that I last saw her alive on June 9 1943

Immediate cause of death: Intracranial Hemorrhage — Duration 13 hrs
Due to operative delivery - forceps
Due to Obstruction Descent of Head
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: Forceps
Findings of autopsy: Intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John S. Thomas M.D.
Address 9 Bentchosa Ct. Date signed June 9-43

VS 2

G 05244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93

Registered No. G 05244

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3934 Norfolk Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3934 Norfolk Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY GALE TURPIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary S. Turpin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1869

8. AGE: Years	Months	Days	If less than one day
74	1	4	hr. min.

9. Birthplace Quantico, Md. (Town, county, and state)
10. Usual Occupation retired Banker
11. Industry or business

FATHER
12. Name John Wesley Turpin
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara Gale
15. Birthplace Md.

16 (a) Informant Mrs. Mary Turpin
(b) Address 3934 Norfolk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 11 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 280

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 9, 1943, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1943. to June 9 1943. and that I last saw h-m alive on June 8 1943.

Immediate cause of death	Duration
Coronary occlusion	3 hrs.
Due to Coronary disease arterio-sclerosis	7
Due to	
Other Conditions Myocarditis	1 mo.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury Walked & fell

23. Signature 2. 2. 2 Garrison Blvd M. D.
Address Date signed

G 05245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 B

G 05245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 S Ellwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCES MARY FEEHLEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1942

8. AGE: Years	Months	Days	If less than one day
	8/10	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William J. Feehley
13. Birthplace Maryland

MOTHER
14. Maiden Name Hilda Funk
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Old Frederick Road

18 (a) Funeral director Lilly & Geiler (NC
(b) Address 403 S. W Lfyette St.

19 (a) JUN 11 1943 (Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943, at 4:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1943, to 6-10 1943, and that I last saw her alive on 6-10 1943.

Immediate cause of death: meningitis — Duration: 3-4 wks
Due to: Hemophilus influenzae
Due to:
Other Conditions: anemia; septicemia; hydrocephalus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H.D. Smith, M. D.
Address Sydenham Hosp Date signed 6-11-43

G 05246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1194 G 05246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Zawacki III

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1942

8. AGE: Years	Months	Days	If less than one day
	6	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Martin J. Zawacki
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mame Stack
15. Birthplace Baltimore, Md.

16 (a) Informant Martin J. Zawacki
(b) Address 106 N. Durham St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Vernon Hill Rd.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address 409 Saratoga St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1943 to 6-10 1943 and that I last saw h— alive on 6-10 1943

Immediate cause of death
a Pneumonia
Due to
b
Due to
c
Other Conditions Dehydration & anuria
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Pearce Marcellus M. D.
Address University Hospital Date signed 6-11-43

G 05247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 05247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and city town)
(d) Street No. 722 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Crowe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1868

8. AGE: Years	Months	Days	If less than one day
75	4	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Crowe
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Miss Mable Crowe
(b) Address 722 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver

18 (a) Funeral director Harry H. Little
(b) Address 401 E. Lanvale St.

19 (a) (b) Huntington Williams, M.D.
Registrar

JUN 11 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8/43, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 19 43 to 6/8 19 43 and that I last saw h[illegible] alive on 6/7 19[illegible]

Immediate cause of death: Asthma - Sclerotic Cardio - Vascular renal disease

Duration: 6 [illegible]

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St. Date signed 6/10/43

G 05248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G 05248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3925 E. PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 E. PRATT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAM C. BOSSOM

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 4 1868

8. AGE: Years	Months	Days	If less than one day
74	10	6	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RETIRED LABORER

11. Industry or business

FATHER
12. Name WILLIAM BOSSOM
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant GLADYS CARROLL (DAUGHTER)
(b) Address 3925 E. PRATT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 12 /43 (month) (day) (year)
(c) Cemetery or crematory MORELAND MEMORIAL
Location TAYLOR AVE.

18 (a) Funeral director Lilly and Geiler INC.
(b) [illegible] WOLFE ST.

19 (a) JUN 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 10 1943 at 8/05 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to June 10 1943 and that I last saw him alive on June 10 1943.

Immediate cause of death: Metastatic carcinoma of liver

Due to Carcinoma of transverse colon

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 47 N. East Ave Date signed 6-11-43

G 05249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

G 05249 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Killiam (Kellam)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 1902

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Day work

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Elizabeth Barfield
(b) Address 1038 Penna. Ave

17 (a) Burial (cremation, or removal) (b) Date thereof 6-14-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location

18 (a) Funeral director Adolphus Hasty
(b) Address 915 Druid Hill Ave.

19 (a) JUN 1 1943 (b) Huntington Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10- 1943, at 2:25 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Aortic Regurgitation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeck M.D.
Medical Examiner.

Date signed 6-11-43

G 05250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05250 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Upperco (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Clarence Sparks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25. 1862

8. AGE: Years	Months	Days	If less than one day
81	2	16	15 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name William C. Sparks (D)
13. Birthplace maryland

MOTHER
14. Maiden Name Susannah Hoover (D)
15. Birthplace maryland

16 (a) Informant Union memorial Hosp. record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13/43 (month) (day) (year)
(c) Cemetery or crematory Grace Meth
Location Balto Co. Md

18 (a) Funeral director Edw. Stipton
(b) Address Hampstead Md

19 (a) (Signature of registrar) (b) Registrar

REC'D JUN 11 1943 Hunting for Westminster, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 10 1943, and that I last saw h.e.m alive on June 10 1943.

Immediate cause of death Resp. failure — Duration 1
Due to Fever of unknown origin
Due to (as)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Glasser
Address Union Memorial Hospital 6-11-43

G 05251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G 05251 Registered No.

157 M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 - 1943

8. AGE: Years	Months	Days	If less than one day
	1	34	hr. min.

9. Birthplace Parkton Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Warfield Thompson
13. Birthplace Md

MOTHER
14. Maiden Name Mary J Bull
15. Birthplace Md

16 (a) Informant Warfield Thompson
(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baldwin

18 (a) Funeral director Edw A Upton
(b) Address Hampstead Md

19 (a) (b) Huntington Williams, M.D.

JUN 11 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1943; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10- 1943; to 6-10 1943.
and that I last saw he/she alive on 6-10 1943.

Immediate cause of death Respiratory failure — Duration

Due to Congenital Anomalies of Heart & Genitalia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph L. Clemonts M.D.
Address University Hosp Date signed 6/11/43

G 05252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17a

G 05252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) City (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Ethan St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PERRY WARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1877

8. AGE: Years 65 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md. (town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Charles Ward
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Isabelle Downs
15. Birthplace Eastern Shore Md.

16 (a) Informant Alice Ward
(b) Address 2122 Ethan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director W. & Katie R. Jeffries
(b) Address 922 N. Edmondson Ave.

19 (a) (Date rec'd by registrar) JUN 11 1943 (b) [illegible] Wm. H. Hargett M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943 at 6 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hematoma, subdural

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-8-43 at 4:30 P. M. 27/10
(b) Where did injury occur? York Rd & Rahmar Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
Means of injury Pedestrian, struck by truck

23. Signature (Coroner) H. L. Wallenmaker M.D. (Medical Examiner)
Date signed 6-9-43

G 05253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 407 Myrtle Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1942

8. AGE: Years	Months	Days	If less than one day
	11	13	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name David Green

13. Birthplace Va

MOTHER 14. Maiden Name Lelia Murel

15. Birthplace Va

16 (a) Informant Lelia Green

(b) Address 407 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Wm Kate & Williams

(b) Address 3229 N. Leonard St.

19 (a) [illegible] Huntington Williams Md

JUN 11 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943, to June 9 1943, and that I last saw h.i.m alive on June 9 1943.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H G Banfield M. D.

Address Provident Hospital Date signed 6-10-43

G 05254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 05254 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Bruce (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Gray
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Dick Hailey
13. Birthplace Md. ?

MOTHER
14. Maiden Name Hailey ?
15. Birthplace Md ?

16 (a) Informant Estelle Simms
(b) Address 611 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-43 (month) (day) (year)
(c) Cemetery or crematory Friendship Memorial Park
Location Carroll Co. Md.

18 (a) Funeral director Mrs Katie R Gilliam
(b) Address 3229 Edmondson St

19 (d) JUN 11 1943 (Registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to June 10 1943 and that I last saw he alive on June 10 1943

Immediate cause of death Myocarditis
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 mos
6 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Casey
Address 7[illegible] Date signed 6/12/43

VS 8

G 05255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 05255 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Mass. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Mass. Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Alexander McDermott

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-5868

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margarite

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 30 1889

8. AGE: Years 54 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Md (city, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Thos. M' Dermott
13. Birthplace Md

MOTHER
14. Maiden Name Pauline Parks
15. Birthplace Md

16 (a) Informant Jos. A. M' Dermott
(b) Address 4204 Mass. Ave

17 (a) Burial (burial, cremation, or removal) **(b) Date thereof** 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fairfield

19 (a) JUN 11 1943 (Date received by registrar) Hortense for William A Hill Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1943 at 10 60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1943 to 6-10 1943 and that I last saw h alive on 6-9 1943.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Carmichael M. D.
Address 4709 Ford Ave Date signed 6-11-43

G 05256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 05256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 S. Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 S. Lakewood. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Mueller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1943

8. AGE: Years	Months	Days	If less than one day
		///	22 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George Cecil Mueller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lillian Cecilia Novak
15. Birthplace Baltimore Md

16 (a) Informant Mother
(b) Address 1127 S. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Greenmount Ave.

18 (a) Funeral director M. A. C. Dyer's Sons
(b) Address 6 [illegible] Ave. & Aisquith St.

19 JUN 12 1943 (Date rec'd by registrar) (b) Hamilton for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1943 to 6/11 1943.
and that I last saw h[illegible] alive on 6/11 1943

Immediate cause of death

Prematurity 5 1/2 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James G. Lesley Jr. M. D.
Address 2916 E. Baltimore Date signed 6/14/43

VS 8

G 05257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G 05257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5722 Oakolins Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5722 Oakolins Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marilyn Davison

3 (b) If veteran, name war W —
3 (c) Social Security Account No. 218-[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1921

8. AGE: Years	Months	Days	If less than one day
21	8	20	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Glenn L. Martin

FATHER
12. Name Clarence M. Davison
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Sallie L. Davis
15. Birthplace Va.

16 (a) Informant Mrs Nancy Kupper
(b) Address 5100 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location " " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1247 St. Paul St

19 (a) JUN 12 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10- 1943, at 6P M

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute Pulmonary Edema

Due to Chronic Myocardial Degeneration

Other Conditions Epilepsy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 6-11-43

05258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05258 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5090 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home 27-40
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Radnor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James A. Tregoe

3 (b) If veteran, name war — W
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Nellie Conway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th 1866

8. AGE: Years 77 | Months 1 | Days 2 | If less than one day: hr. min.

9. Birthplace Dorchester Co., Md. (Town, county, or State)
10. Usual Occupation Retired Clerk
11. Industry or business Gilpin Drug Co

FATHER
12. Name William L. Tregoe
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Radcliff
15. Birthplace Md.

16 (a) Informant Mary T. Marshall
(b) Address 518 Poppleton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 639 St. Paul St

JUN 12 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1940 to June 11 1943, and that I last saw h. L alive on June 10 1943.

Immediate cause of death
Arteriosclerosis — Duration 1938
Benign's Disease — 1940
Due to Chronic Myocarditis — 1940
Due to
Other Conditions Cysts Under Diaphragm — 1943
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Brahm M. D.
Address 611 E Lombard St Date signed June 11 1943

05259
AB-81722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45F

Registered No. G 05259

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~John Doe~~ John Kuhn

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25-1877

8. AGE: Years	Months	Days	If less than one day
65	8	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Doctor

11. Industry or business Physician

FATHER
12. Name ~~John Doe~~ John Kuhn
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wiatman
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 6647 St. Paul St.

19 (a) JUN 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1943 at 10 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1943 to 6-10 1943 and that I last saw h i alive on 6-10 1943.

Immediate cause of death: Carcinoma of pharynx — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Hasse M. D.
Address Bolt City Hosp. Date signed 6-11-43

G 05260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 W

✓ G 05260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Hattie Bantam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Widowed

6 (b) Name of husband or wife Owens Fuller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1878

8. AGE: Years	Months	Days	If less than one day
65	2	29	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Bantam
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Howard
15. Birthplace Md.

16 (a) Informant Mattie Bantam
(b) Address 308 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. A. County Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 1304 N. Central Ave

19 (a) (b) Registrar

JUN 12 1943

VS 3

Huddington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/43 19 , at 11:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 , 1943 to 6-10 1943 and that I last saw h alive on 6-10-1943.

Immediate cause of death
Pulmonary edema
Acute myocarditis
Due to
Cerebral thrombosis

Duration
1 Day
1 Day
2 days

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dow. de Long Lerry
Address 1420 E. Chase Date signed 6-11-43

G 05261
AB-81692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 05261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2747 River Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Acton

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29-1862

8. AGE: Years	Months	Days	If less than one day
81	4	13 12	hr. min.

9. Birthplace Wash. D. C (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Elijah Acton
13. Birthplace Wash D. C

MOTHER
14. Maiden Name Bettie Mc. Clary
15. Birthplace Wash. D. C

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Wm. Wm. John W. Penfold & Son
(b) Address 801 W. Fayette St

19 JUN 12 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1943, at 4:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1943 to 6-11 1943, and that I last saw h. alive on 6-11 1943

Immediate cause of death: Carcinoma of prostate
Due to: Jaundice
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Hazen M.D.
Date signed 6-11-43

G 05262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05262 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Pressteman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Pressteman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eliza Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1881

8. AGE: Years 61 50 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Gardner

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Easton Shore Md.

MOTHER
14. Maiden Name Mary Hall
15. Birthplace Va.

16 (a) Informant Mary E. Jones
(b) Address 1716 Laurens St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Nat. Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/1943, at 12 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to Hypertensive Cardio-vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally, M.D. Medical Examiner.
Date signed 6/11/43.

(over)

G 05263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 05263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 ½ George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 ½ George St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM SLIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-26-7549

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Celestine Slight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1918

8. AGE: Years	Months	Days	If less than one day
24	5	15	hr. min.

9. Birthplace Helena, S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Slight
13. Birthplace Greenville S.C.

MOTHER
14. Maiden Name Rebecca Martin
15. Birthplace S. C.

16 (a) Informant Celestine Slight
(b) Address 815 N. Stricker St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore Md

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

19 (a) (Date) JUN 12 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943, at 9:45 M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Valvular heart disease, mitral stenosis,
Due to Rheumatic fever
Other Conditions None
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallammeier M.D. Medical Examiner.
Date signed 6-9-43

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05264 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4107 Penhurst Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Penhurst Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS K. HIGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Grace Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business American Oil Co.

FATHER
12. Name John W. High
13. Birthplace Balto.

MOTHER
14. Maiden Name Amelia Konze
15. Birthplace Balto.

16 (a) Informant Mr. J. Norman High
(b) Address Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) [signature] for Williams, M.D. Registrar

JUN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1943, at 6-7 P M

21. I certify that death occurred on the date above stated: that I attended deceased from Nov. 18 1939 to Oct. 19 1942
and that I last saw h alive on 10/19/1942.

Immediate cause of death Coronary Occlusion — Duration Sudden

Due to Arteriosclerosis — ?

Due to

Other Conditions Hypertensive C.V. disease & Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 3493 Garrison Date signed 6/10/43

M. D. R. L. Graham
Approved by H. J. Mallis, M-D.

G 05265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 05265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital 15-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Edgewood Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schaefer Ruppers Berger

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-01-5345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Marie (Birch)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 8, 1884

8. AGE: Years	Months	Days	If less than one day
59	3	3	hr. min.

9. Birthplace: Marie (Birch)
(Town, county, and state)

10. Usual Occupation: meat packer

11. Industry or business

FATHER
12. Name: Gustav Henry Ruppersberger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Schaefer
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Marie Ruppersberger
(b) Address: 3501 Edgewood Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/14/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto. for Williams M.D.

19 (a) (Date received by Registrar) JUN 12 1943 Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 11 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 5 1943 to 6 - 11 1943, and that I last saw him alive on 6 - 11 1943.

Immediate cause of death	Duration
Respiratory failure.	
Due to involvement by respiratory center	
Due to Multiple Brain abscesses	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J W E Pearson M. D.
Address Cairo, Nebr. Date signed 6/12/43

G 05266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 05266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 418 S Patterson Park Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S Patterson Pk (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Suprowicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-4092

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1893

8. AGE: Years	Months	Days	If less than one day
50	5	4	hr. min.

9. Birthplace Kazmierniesz, Poland (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Shipbuilding

FATHER
12. Name Jacob Suprowicz
13. Birthplace Kazmierniesz, Poland

MOTHER
14. Maiden Name Cornelia Prudzinewska
15. Birthplace Kazmierniesz, Poland

16 (a) Informant Mrs. Helen Suprowicz
(b) Address 418 S. Patterson Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Glenn Dale Md

18 (a) Funeral director M. J. Sasonski & Son
(b) Address 1806 Eastern Ave

19 (a) Registrar Washington M.D.
JUN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1943 at 11:45 PM

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/11/43

Please write plainly, with ink or indelible pencil. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 05267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Morgan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Morgan St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie R. Fitchett

3 (b) If veteran, name war

3 (c) Social Security Account No. None

Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: W. A. Fitchett

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1896

8. AGE: Years 46 | Months 6 | Days 27 | If less than one day . hr. min.

9. Birthplace Baltimore (Town, county, and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Alexander Hopkins

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary A Jackson

15. Birthplace Va

16 (a) Informant Daily Howard

(b) Address 2509 Morgan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Balto

18 (a) Funeral director Daniel L. Bowser

(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Wm. Bowser Md

JUN 12 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943 to June 9 1943 and that I last saw her alive on June 8 1943

Immediate cause of death

Pulmonary Edema

Due to Chr. Myocarditis

Due to Chr. Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Howell

Address 608 N. Carrollton Ave Date signed 6/11/43

G 05268

G 05268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 876 Washington Blvd

(c) Hospital or institution Doctors Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 416 S. Paca St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert M. Chaney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1943

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name E. Chaney

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name J. Epps

15. Birthplace Baltimore, Md

16 (a) Informant Mr. E. Chaney

(b) Address 416 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John A. Lichtenberger

(b) Address 423 S. Paca St

19 (a) (Date received) JUN 13 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-1943, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4-1943, to 6-11-1943, and that I last saw h[illegible] alive on 6-11-1943.

Immediate cause of death: Bronchopneumonia — Duration 7 days

Due to Intestinal Obstruction

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Louis J. Gross M. D.

Address 876 Washington Blvd Date signed 6/11/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

Certificate for Washington

W&G 05269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 05269
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 Brune St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Brune St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Meaden

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife George A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	6	20		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lodge Phillips
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary ??
15. Birthplace Balto. Md.

16 (a) Informant George A. Meaden
(b) Address 529 Brune St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JUN 12 19[illegible] Huntington Undertaking Co. Inc.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21 1943 to 6/8 1943
and that I last saw h[illegible] alive on June 8 1943

Immediate cause of death
Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 729 Druid Hill Ave Date signed 6/12/43 M.D.

G 05270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05270 / 131a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 N. Spring St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town write RURAL and give town)
(d) Street No. 410 N. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Johnson (Annie Mary Johnson)

3 (b) If veteran, name war

3 (c) Social Security Account No. 277-16-3831

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 ? 02

8. AGE: Years About 50 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and State)

10. Usual Occupation Domestic & Maid

11. Industry or business Hotel Crew; Crew Va

FATHER 12. Name Clem Johnson.

13. Birthplace Va.

MOTHER 14. Maiden Name Fannie Anderson

15. Birthplace Va.

16 (a) Informant Mrs Amelia Parker (Sister)
(b) Address 410 N. Spring St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS JUN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1943 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8-1943 to 6-9-1943, and that I last saw h alive on 6-9-1943.

Immediate cause of death Cerebro-Renal disease

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration
min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Conquel M. D.
Address 611 N. Caroline Date signed 6-11-43

Rev.—6-9-19—N. P. Co.—1000 Blks.

LA 11y

HEALTH DEPARTMENT—CITY OF BALTIMORE G 05271

G 05271

CERTIFICATE OF DEATH. 183a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Eutaw Place ST.: WARD)

2-FULL NAME Delia Sally

(a) RESIDENCE. NO. 970 Homewood Apt 10-2 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht'd

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 80 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: at Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick Sally

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. Known

14 Informant: Viola Sally (Address) 1910 Bank St.

15 FILED JUN 12 1943 Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11, 1943

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1943, to June 11, 1943, that I last saw her alive on June 11, 1943, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms + Signs

(Signed) Frank H. Ogden M. D.

June 11 1943 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 6/14 1943

UNDERTAKER: William Fiaschetti

ADDRESS

No. 25—MARRIAGE LICENSE, BIRTH AND DEATH CERTIFICATES. THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

G 05272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05272
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hosp 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 E. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-6030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nelson Tucker
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Va

16 (a) Informant Abraham Tucker
(b) Address 1222 E Biddle St

17 (a) Burial (b) Date thereof Jan 12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem,
Location A & Co Md

18 (a) Funeral director Robert L Williams
(b) Address 518 McCulloh St

19 (a) JUN 12 1943 Hunting for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1943, at 8 50 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary embolism

Due to Fracture of right leg

Other Conditions Subdural hematoma

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 6/30
(a) Date of injury December 25 1942 9 P.M.
(b) Where did injury occur? St. Paul & 23rd St
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 10 1943

VS 181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 05273
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 955 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 L
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 955 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Pipinbrink Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dr. John Frederick Lang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 20, 1857

8. AGE: Years	Months	Days	If less than one day
85	7	21	hr. min.

9. Birthplace Cumberland, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Conrad Pipinbrink
13. Birthplace Hanover, Germany

MOTHER
14. Maiden Name Wilhelminia Schmitt
15. Birthplace Hessen, Germany

16 (a) Informant Mrs. Minnie D. Roeth
(b) Address 5922 Greenspring Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Amoroso
(b) Address 1903 W. Baltimore St.

JUN 12 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943 at 12.05A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to Jun 11 1943, and that I last saw h er alive on Jun 10 1943.

Immediate cause of death coronary occlusion, arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions generalized arteriosclerosis, osteo-arthritis, generalized (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rawin, M.D.
Address 206 S. Gilmor St. Date signed 6-11-43

G 05274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. G 05274

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2825 Beechland ave
(c) Hospital or institution:

2706

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Beechland (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Godwin Stowe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Widower

6 (b) Name of husband or wife Susan Hobbs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	10	5		

9. Birthplace Balto. Md (town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Balto City

MOTHER / FATHER
12. Name Thos. G. Stowe Sr.
13. Birthplace Canada
14. Maiden Name Julia Leaycraft
15. Birthplace Virginia

16 (a) Informant Virginia L. Stowe
(b) Address 2825 Beechland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Balto

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address 2 E Eutaw & Lafayette ave

19 (a) JUN 12 1943 (Date rec'd by registrar) Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1943 to June 9 1943 and that I last saw h[illegible] alive on June 9 1943.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to

Other Conditions Acute cardiac decompensation (Acute coronary)
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis L. Bagli M. D.
Address 6077 Harford Rd (Date signed) 6/11/43

VS 2

G 05275

435366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

458

Registered No. G 05275

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Cecil

(c) City or town CONOWINGO (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Heber Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-56

8. AGE: Years 87 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name [illegible] CLINTON Simpson

13. Birthplace Md

MOTHER 14. Maiden Name Harriett Hammond

15. Birthplace Md

16 (a) Informant Records

(b) Address, JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Gorar

Location Conowingo

18 (a) Funeral director J. E. Tipton

(b) Address Rising Sun Md.

JUN 12 1943 (Date received by local registrar) Washington for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 2.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943, to June 12 1943, and that I last saw him alive on June 12 1943.

Immediate cause of death: Cardio-vascular collapse.

Due to: Carcinoma of Tongue

Due to:

Other Conditions: Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. Harmel

Address Johns Hopkins Hosp Date signed 6/12/43

VS 250

G 05276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05276 Registered No. 939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 Lamont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Lamont (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** George W. McCoy
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	negro	widowed

6 (b) Name of husband or wife Maggie McCoy
6 (c) If married, give age years
7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name George McCoy
13. Birthplace Va

MOTHER
14. Maiden Name Polly Burnell
15. Birthplace Va

16 (a) Informant Geo Stevens
(b) Address 1818 Lamont
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-43 (month) (day) (year)
(c) Cemetery or crematory Northumberland Co Va
Location
18 (a) Funeral director George H. Nelson
(b) Address 1303 Presstman St
19 (a) (Registrar) (b) Huntington Nelson, Registrar

JUN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943 at 9:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943 to June 10 1943 and that I last saw him alive on June 10 1943

Immediate cause of death Myocarditis

Duration
?

Due to
Due to
Other Conditions hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William H Wade
Address 515 Calhoun Date signed 6/12/43 I. D.

G 05277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700 Registered No. G 05277

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jones Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-14-6849

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Vendella Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1893

8. AGE: Years	Months	Days	If less than one day
50	3	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Westley Harris
13. Birthplace Pa

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant William Epps
(b) Address 1829 madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-43 (month) (day) (year)
(c) Cemetery or crematory mt auburn cem.
Location md

18 (a) Funeral director George L. Kelson
(b) Address 1307 Pennsylvania Ave

19 (a) Huntington Williams, M.D. Registrar (Date received by registrar)

JUN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11- 1943, at 12 30 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Compound Comminuted fracture of Tibia & fibula of both legs.
Due to
Other Conditions Advanced Pulmonary Hemorrhage
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-7-43 at 11.30 P.M.
(b) Where did injury occur? McCulloh & Robert Sts
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Malpass M.D. Medical Examiner.
Date signed 6-11-43

G 05278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05278 Registered No. 1310

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 Casadel Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Casadel Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustav Wagner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband~~ or wife Pauline L. Wagner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1872

8. AGE: Years 71 | Months 1 | Days 30 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Can Maker

11. Industry or business

FATHER
12. Name John Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Clamon
15. Birthplace Germany

16 (a) Informant Mrs. Lillian E. Keehner
(b) Address 1705 Casadel Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

JUN 13 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1943, at 9.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942 to June 10, 1943 and that I last saw him alive on June 9, 1943.

Immediate cause of death: Myocardial Insufficiency — During 10 months

Due to Arteriosclerotic Heart Disease — years

Due to — years

Other Conditions Arteriolar Nephrosclerosis — years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar A. Muller

Address 2623 Washington Blvd Date signed 6/11/43 M. D.

G 05279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05279 Registered No.

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 Crittenton Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN A. ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife ANNA M. ANDERSON
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) FEB 4, 1899

8. AGE: Years	Months	Days	If less than one day
44	4	7	hr. min.

9. Birthplace PHILA. Pa (Town, county, and state)
10. Usual Occupation GEN. FREIGHT AGENT
11. Industry or business MONTICUE LIME. INC.

FATHER
12. Name MARTIN ANDERSON.
13. Birthplace NORWAY

MOTHER
14. Maiden Name JULIA DOWLING.
15. Birthplace IRELAND.

16 (a) Informant ANNA M. ANDERSON
(b) Address 3137 CRITTENTON PLACE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13/43 (month) (day) (year)
(c) Cemetery or crematory Philadelphia
Location Pa

18 (a) Funeral director Edward P. Donovan
(b) Address 3615 Eastern Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

JUN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1943 at 2.30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-12-43

G 05280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

G 05280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 26
(d) Length of stay in hospital or inst. (~~year~~, month, or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 Elmley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carole Ann Eberling

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 12, 1943

8. AGE: Years	Months	Days	If less than one day
	2	-	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William E. Eberling
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Doris C. Klingenstein
15. Birthplace Balto Md

16 (a) Informant William E. Eberling
(b) Address 3614 Elmley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Wm. Mus. John W. Teufel & Son
(b) Address 801 W. Fayette St

(c) JUN 13 1943 (Date received by registrar) (d) Hunter for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943, to 6-12 1943, and that I last saw h alive on 19

Immediate cause of death: Acidosis — Duration:
Due to Feeding Problems
Due to Vomiting
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Earl Hunter, M. D.
Address University Hosp Date signed 6-12-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05281 ✓ G 05281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Huntingdon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Huntingdon Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. PIERCE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband~~ or wife Elizabeth (Kirschning)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/21/86

8. AGE: Years	Months	Days	If less than one day
57 yrs.	1	20	hr. min.

9. Birthplace Rock Hall, Md.
(Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Curtis Bay Depot

FATHER
12. Name Wesely Pierce
13. Birthplace Rock Hall, Md.

MOTHER
14. Maiden Name Julia Goodman
15. Birthplace Rock Hall, Md.

16 (a) Informant Clarence A. Pierce (son)
(b) Address 1941 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (Date rec'd by registrar) JUN 18 19[illegible]

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1943, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1943 to June 11 1943, and that I last saw h~~im~~ alive on June 10 1943.

Immediate cause of death Pulmonary Edema secondary to Acute Cardiac Decompensation — Duration 4 days

Due to Acute Bacterial Endocarditis — Duration 3 months

Due to Rheumatic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Weis M. D.
Address 2902 Huntingdon Ave Date signed June 13, 1943

G 05282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47C

G 05282
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Chester Street
(c) Hospital or institution:

6-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Chester Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN J. KIRSCHNICK

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-2160

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of ~~husband~~ or wife Stella (Rograbski)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/26/04

8. AGE: Years	Months	Days	If less than one day
39 yrs.	1	14	hr. min.

9. Birthplace Rock Hall, Md.
(Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business Estern Aircraft Corp.

FATHER
12. Name Herman Kirschnick
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Louise Cash
(b) Address 12 N. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

JUN 13 1943
(Date rec'd by registrar) Thurston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~Dec.~~ June 3 to June 10 1943.
and that I last saw ~~him~~ alive on June 10 1943.

Immediate cause of death Bronchiogenic Carcinoma — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore L. Solomon

Address 129 S. Broadway Date signed 6/12/43

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05283

G 05283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 802 N. Caderia Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State [illegible] (b) County Balto.

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 802 N. Caderia Street
(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Dvorsak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/[illegible]/02

8. AGE: Years	Months	Days	If less than one day
60 yrs.	6	19	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Joseph Janda
13. Birthplace Czech.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant husband

(b) Address 802 N. Caderia Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)

(c) Cemetery or Crematory Oak Hill Cemetery

Location Phila. Rd. Baltimore [illegible]

18 (a) Funeral director Charles E. Schmuck

(b) Address 2601 E. Madison Street

JUN 13 1943 (Date received by Registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943, at 6A M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1 1940 to June 11 1943, and that I last saw h[illegible] alive on June 11 1943.

Immediate cause of death	Duration
Coronary Occlusion	6/10/43
Due to Chr. Myocarditis	1/1/43
Due to Diabetes Mellitus	1/1940
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature William J. Ryan M.D.

Address 2011 Kenwood Ave. Date signed 6/12/43

VS 3

G 05284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05284 / 940 V Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DCA Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2[illegible] N. Lakewood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Zieger

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary (Fuchs)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/65

8. AGE: Years	Months	Days	If less than one day: hr	min
77	10	19		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Adam Zieger
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Snyder
15. Birthplace Germany

16 (a) Informant: Rose Zeller (daughter)
(b) Address 317 N. Lakewood avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 MAY 13 1943 Farrington Williams M.D. Registrar
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH [illegible] 1943, at [illegible] M.

21. I certify that I took charge of the remains described above, held an [illegible] thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 5/11/43

G 05285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05285
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3138 Ravenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3138 Ravenwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER N. VALENTINE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	172-05-3568

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen M. Valentine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1888

8. AGE: Years	Months	Days	If less than one day: hr	min
55	3	23		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sheet Metal hand
11. Industry or business George F. Wahmann Co.

FATHER
12. Name Daniel D. Valentine
13. Birthplace Leesburg, Va.

MOTHER
14. Maiden Name Mary E. Thomas
15. Birthplace Md.

16 (a) Informant Helen M. Valentine
(b) Address 3138 Ravenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Louden Pk
Location Balto Co.
18 (a) Funeral director G. Gogarty & Sons
(b) Address 1400 S. Charles St
JUN 13 1943 (Date rec'd by Registrar) (b) Huntingtown Williamsport, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943 at 2 20 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. E. Wellemeier M.D.
Medical Examiner.
Date signed 6-12-43

G 05286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05286 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4604 Furley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4604 Furley Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Balbo

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Fem.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gesualdo Balbo
6 (c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): Dec. 9 1888
8. AGE: Years: 54 Months: 9 Days: 1 If less than one day: hr. min.
9. Birthplace: Valguarnera Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Francesco P. Florio
13. Birthplace: Italy

MOTHER
14. Maiden Name: Francesca Raimondi
15. Birthplace: Italy

16 (a) Informant: Gesualdo Balbo (Husband)
(b) Address: 4604 Furley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rose
(b) Address: 52 N. Morley St.

JUN 13 1943 Huntington Williams M.D.
(Date Rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1943, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943, to June 10 1943, and that I last saw her alive on June 6, 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1 month 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Eugene L. Pearson M. D.
Address 514 Drury Lane Date signed 6/12/43

4346 G 05287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05287
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Crisfield (If outside city or town limits, write RURAL and give town)
(d) Street No. P. O. Box 345 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Cullen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Martha Jane Cullen
6 (c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.) 5/1/59
8. AGE: Years 84 | Months 1 | Days 11 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Cullen
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Crisfield, Md

18 (a) Funeral director Pinewood & Countess
(b) Address 21 W. 25th St.
(c) Huntington Williams, M.D. Registrar

JUN 13 1943
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943 at 8:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to June 12 1943 and that I last saw h alive on June 9 1943

Immediate cause of death Pneumonia
Heart failure

Due to Benign prostatic hypertrophy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Peripheral abscess

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Young M. D.
Address Johns Hopkins Hosp. Date signed 6/11/43

G 05288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 05288

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 E 20th St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J Troy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business Painterman

FATHER
12. Name Patrick Troy
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Hines
15. Birthplace Ireland

16 (a) Informant Mrs Annie Troy
(b) Address 419 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 14 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 32nd St

ACTION 1943 Huntington Williams, M.D. Registrar

(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/1943 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/1943 to 6/11/1943 and that I last saw h alive on 6/10/1943

Immediate cause of death: Coronary Occlusion — Duration: 4 hours

Due to: Coronary Sclerosis — ?

Due to:

Other Conditions: Diabetes Mellitus — 1 year

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M.
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Thomas F. Kelly M. D.
Address 522 E 22nd St Date signed 6/12/43

VS 150

435045

G 05289

G 05289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 S. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Burnett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - ? - 86

8. AGE: Years	Months	Days	If less than one day hr.	min.
56 57	8	-		

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Burnett
13. Birthplace ?

MOTHER
14. Maiden Name Matilda
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-43 (month) (day) (year)
(c) Cemetery or crematory Sweet Home
Location Pitt County, Greenville, N.C.
(a) Funeral director Hugh A. Nelson
(b) Address 813 Park Avenue
Hunting for Williams, Mgr.

19 (a) (Registrar) Registrar

JUN 14 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943 at 7 15/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to June 12 1943 and that I last saw him alive on June 12 1943.

Immediate cause of death Uremia — Duration 5 days

Due to Carcinoma of Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 9th

Major findings of operation: Carc. of Bladder

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Young M.D.

Address Johns Hopkins Hosp. Date signed 6/15/43

05290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 Marlyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Ronald Berk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1942

8. AGE: Years	Months	Days	If less than one day
	5	21	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis W. Berk,
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Theresa Browning
15. Birthplace Balto. Co., Md.

16 (a) Informant Mr. Louis W. Berk
(b) Address 236 Marlyn Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lashmar Funeral Home
(b) Address 7401 Belair Road

19 JUN 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943, to June 12 1943, and that I last saw him alive on June 12 1943.

Immediate cause of death Intestinal Obstruction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lynch M. D.
Address St. Joseph Hospital Date signed 6-12-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5291 Hughes

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G 05291
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Mountmar Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Ralph Hughes
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Cathrine Hill
15. Birthplace Washington, D. C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 14 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1943, at 1035 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1943 to June 5, 1943 and that I last saw him alive on June 5, 1943.

Immediate cause of death Heat Stroke (temp. 109°) — Duration 36 hr.
Due to Gastro-enteritis and
Due to Excessive Heat
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cerebral edema + mild cystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Weaks, M. D.
Address Univ. Hosp. Date signed 6-7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

0162

05292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. C 05292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Carlton St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Dyon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	S

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1943

8. AGE: Years	Months	Days	If less than one day
			3 hr. 30 min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Thomas Allen Dyon
13. Birthplace Winsborough S. C

MOTHER
14. Maiden Name Addine Gledney
15. Birthplace Winsborough S. C

16 (a) Informant mother: Addine Dyon
(b) Address 102 N Carlton St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 14 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1943, at 10:07 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death
Anoxia
Due to Respiratory Failure
Due to Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Bird M. D.
Address University Hosp Date signed 5-31-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10161

G 05293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

G 05293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2640 Harlem Ave.
(c) Hospital or institution:

16+6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2640 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna G. Moreland

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
---	none	Female	Wht.	Married

6 (b) Name of husband or wife Ernest Moreland
6 (c) If alive, give age 58 years

7. Birth date of deceased mo., day, yr. Dec. 7, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	6	5		

9. Birthplace Manchester Md.
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Franklin Fisher
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Sarah Boose
15. Birthplace Carroll Co. Md.

16 (a) Informant Ernest Moreland
(b) Address 2640 Harlem Ave.

17 (a) Burial (b) Date thereof June 15, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.
18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.
19 JUN 14 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1943 to June 12 1943, and that I last saw h[illegible] alive on June 12 1943.

Immediate cause of death
Carcinoma Of Uterus
Due to Retroperitoneal Glands
of Abdomen
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Duration
1/4/43

Date of operation 1/10-43
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Carlson M. D.
Address 2145 W Balt St Date signed 6/15/43

Correct age is especially important. Physicians, please write out cause of death clearly and legibly.

G 05294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

✓ G 05294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Traction St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Diven

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220 - 07 - 2046

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1896

8. AGE: Years	Months	Days	If less than one day
47	1	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Diven
13. Birthplace Balto.

MOTHER
14. Maiden Name Eva
15. Birthplace unknown

16 (a) Informant Mrs. Bertha Diven
(b) Address 1516 Traction St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Waugh Cem.
Location Long Green, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-43 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 19 43 to June 11 19 43, and that I last saw h— alive on June 7 19 43.

Immediate cause of death
Congestive Heart Failure
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Hayley B. Kleinsorge M.D.
Address N. Gonzales Hosp. Date signed 6-11-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 05295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43D

G 05295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LULA MAY GRIMES

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife George W. Grimes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1880

8. AGE: Years	Months	Days	If less than one day
62	10	14	hr. min.

9. Birthplace Charles Town, W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James H. Rodrick
13. Birthplace W. Va.

MOTHER
14. Maiden Name Anna E. Chilcote
15. Birthplace Md.

16 (a) Informant Mr. George W. Grimes,
(b) Address 1018 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Taylorsville Meth. Cem.
Location Taylorsville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 14 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 19 43 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to June 11 1943, and that I last saw her alive on June 11 1943.

Immediate cause of death Edema of the lungs

Duration 1 Dy.

Due to Myocardial insufficiency

Duration 7 months

Due to Chronic hypertensive cardiovascular disease

Duration 10 yrs +

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Grumpler M.D.
Address 817 Medical Arts Bldg Date signed 6/12/43

VS 288

G 05296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05296 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 S Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S Potomac (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Kuehne

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 21 1865

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Fred C Kuehne
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Stahl
15. Birthplace Germany

16 (a) Informant Fred C Kuehne
(b) Address 2612 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Baltimore St

19 (a) — (b) — (Registrar)

JUN 13 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1943, at 9:23 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 11 1943 and that I last saw her alive on June 11 1943

Immediate cause of death: Senile Myo-Cardial Degeneration — Duration —
Due to: Arteriosclerosis
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Joseph L Kahn MD
Address 1702 Broadway Date signed 6/12/43

G 05297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 141c

✓ G 05297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Crystal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Andrew M. Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1900

8. AGE: Years	Months	Days	If less than one day
42	10	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Kostohryz.
13. Birthplace Bohemia

MOTHER
14. Maiden Name Kristina Bendas
15. Birthplace Bohemia

16 (a) Informant Andrew M. Rose
(b) Address 1708 Crystal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Kendall E Humphreys
(b) Address 4701 N. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 14 1943 Hunter Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1943 to June 11 1943, and that I last saw h[illegible] alive on June 11 1943.

Immediate cause of death Uremia, Severe Cardosis

Due to Acute Nephritis and dehydration

Due to

Other Conditions Measured at home 5-31-43 (Include pregnancy within 3 months of death)

Date of operation Removal of placenta 6-5-43

Major findings of operation

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowicz
Address St. Joseph's Hosp Date signed 6/11/43

Physicians: please write the causes of death clearly and legibly. Registrar will not accept certificate unless all items are correctly filled out. Information must be complete and correct as far as known. Certificate must be filed with Registrar within 24 hours after death. Burial permit will not be issued until certificate is filed with Registrar. Any error or omission should be corrected as soon as discovered. Every item must be answered; if not known, state so. Date of death is especially important.

05298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 05298
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walkens & Catonsville Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. Lexington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-43

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Wolf
13. Birthplace Va.

MOTHER
14. Maiden Name Dorothy Wingfield
15. Birthplace Va.

16 (a) Informant Clarence Wolfe
(b) Address 731 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Klein Rd.

18 (a) Funeral director Joseph J. Kavanaugh Jr.
(b) Address 60 E Washington Blvd

JUN 14 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943, at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1943 to 6/11 1943, and that I last saw him alive on 6/11 1943.

Immediate cause of death
Fatal Atelectasis

Due to
Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred L. Cameron M. D.
Address St Agnes Hosp. Date signed 6-12-43

G 05299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 05299 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Virginia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Virginia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE M. COCKRELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
-- none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Thomas Barney Cockrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1858

8. AGE: Years	Months	Days	If less than one day
84	11	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Haynie
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Berry
15. Birthplace Virginia

16 (a) Informant Mrs. Charles A. Schaeffer
(b) Address 3022 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) JUN 12 1943

VS 380

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1943, at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9th 1943 to June 10 1943, and that I last saw her alive on June 9th 1943.

Immediate cause of death — Duration

1) - Cortex - Selerotic Heart Disease — ?

Due to

Due to

Other Conditions - Fracture of Rt. Femur. — 10 wks.

(Include pregnancy within 3 months of death)

Date of operation - None

Major findings of operation: -

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide Accd.
(b) Date of occurrence May 1943 at ? M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & Fell on Floor

23. Signature Lord M. Chambers
Address 4108 - Liberty Hts. Ave. Date signed 6/14/43 M. D.

Attended by Howard J. Hudson M.D.

G 05300

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05300

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 W Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME McKENSIE SAUNDERS

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Emma Saunders
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Born 8/72 Essex Co. Va

8. AGE: Years	Months	Days	If less than one day
71	3	1	hr. min.

9. Birthplace Essex Co., Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Saunders
13. Birthplace Essex Co., Va.

MOTHER
14. Maiden Name Margaret Kendall
15. Birthplace Va.

16 (a) Informant Emma Saunders
(b) Address 777 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) JUN 14 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943 at 2 35 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerosis
Cardiovascular disease
Due to

Other Conditions No
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-12-43

VS 151

G 05301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1200

G 05301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Lennon

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 3-1880

8. AGE: Years 63 | Months 1 | Days 8 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Housework.

11. Industry or business

FATHER
12. Name: Henry P. Burns
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Gonzing
15. Birthplace: Balto. Md.

16 (a) Informant: Mary E. Frasier
(b) Address: 1078 N. Kenwood.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15-43 (month, day, year)

(c) Cemetery or crematory: Holy Redeemer
Location: Beech Rd.

18 (a) Funeral director: John A. McGlone
(b) Address: 3011 E. Balto. St.

19 (a) (Date received by local registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11- 1943, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943, to June 11, 1943, and that I last saw h[er] alive on June 10, 1943.

Immediate cause of death: Colitis — Duration: 6 mos.

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Eugene L. Perrin Jnr M. D.

Address: 514 Drury Lane Date signed: 6/12/43

Huntington Williams M.D.

G 05302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

102

G 05302
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Rita Lacey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Ernest
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1901

8. AGE: Years	Months	Days	If less than one day
41 yrs	7 6	3 27	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Cook, Housework
11. Industry or business

FATHER
12. Name Jack Spence
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address -(RECORDS)

17 (a) Burial (b) Date thereof 6-15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. G. Co

18 (a) Funeral director: Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) [redacted] (b) Huntington Williams, M.D.
(Date) 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1943, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1943, to 6-11 1943, and that I last saw h[illegible] alive on 6-11 1943.

Immediate cause of death	Duration
Malignant Hypertension	? Gues
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul M Ottina M. D.
Address Baltimore City Date signed 6/12/43
Hosp.

G 05303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 N. Front st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Front St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Joseph Dalton

3 (b) If veteran, name war W
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Catherine E Dalton

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov 18th 1891

8. AGE: Years 51 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Machinists Helper

11. Industry or business City of Balto

FATHER 12. Name Charles Dalton

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Margaret Garrity

15. Birthplace Balto. Md.

16 (a) Informant Mrs Margaret Dalton

(b) Address 113 N. Front St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (Month) (Day) (Year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilkens Cook Inc

(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

JUN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1942 to 6/12 1943, and that I last saw h[illegible] alive on 6/12 1943.

Immediate cause of death Coronary Thrombosis (2 months)

Due to Arteriosclerosis Chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address 1111 Lee Date signed 6/14/43 M.D.

G 05304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 05304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Rennert Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Rennert Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie V. Tice

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas Tice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1883

8. AGE: Years	Months	Days	If less than one day
59	10	12	hr. min.

9. Birthplace Butler Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Joyce
13. Birthplace Butler Pa.

MOTHER
14. Maiden Name Ida V. Baker
15. Birthplace Butler Pa

16 (a) Informant Charles Hagerman
(b) Address 443 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill
Location Butler Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) (Date received by Registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1943 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943; to June 13 1943; and that I last saw [illegible] alive on June 17 1943.

Immediate cause of death Bronchial Pneumonia — Duration 3 days
Due to Malnutrition — Duration 6 mos.
Due to Emaciation
Other Conditions (two)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Trumbo
Address 5607 Baltimore Md Date signed June 17 1943

G 05305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 99

G 05305
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 – N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE E. BANDO

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 219-05-8113

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Elizabeth Bando
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1865

8. AGE: Years	Months	Days	If less than one day
about 78			hr. min.

9. Birthplace Unknown (Town, county and state)
10. Usual Occupation Cloth Cutter
11. Industry or business Moses Kahn

FATHER
12. Name (Unknown) Bando
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Mildred Gray
(b) Address 313 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 – 12 1943, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1943 to 6-12 1943, and that I last saw h[illegible] alive on 6 – 12 1943.

Immediate cause of death Mesentery Thrombosis — Duration

Due to

Due to

Other Conditions Intestinal obstruction

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Ballinea M. D.
Address St. Joseph's Hosp. Date signed 6-12-43

VS 3

G 05306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 05306 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5076 - Orville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5076 - Orville Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Oscar - George Green.
3 (b) If veteran, name war
3 (c) Social Security Account No. 326-10-0345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel G. Greene
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 31st 1895

8. AGE: Years	Months	Days	If less than one day
48	4	12	hr. min.

9. Birthplace Rome, Ga. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Glenn L. Martin

FATHER
12. Name Ras. R. Greene
13. Birthplace Rome, Ga.

MOTHER
14. Maiden Name Ella May Morgan
15. Birthplace Rome, Ga.

16 (a) Informant Mabel G. Greene
(b) Address 5076 Orville Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or crematory Indiana
Location Pennsylvania
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St
19 (a) Acting for Williams, M
(Date rec'd by registrar) JUN 1 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1943, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1943, to June 13, 1943, and that I last saw him alive on June 13, 1943.

Immediate cause of death Cancer of Liver — Duration 2 months
Due to
Due to
Other Conditions Metastasis to Lung — 1 month.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. A. Bortomare
Address 1645 Rodman Ave Date signed 6/15/43

G 05307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G 05307 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Havenwood Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-9

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1213 Havenwood Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A. Lutz

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 045

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Hamer Lutz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4th 1876

8. AGE: Years	Months	Days	If less than one day
66	9	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired Secretary

11. Industry or business Liquor License Board

FATHER 12. Name John B. Lutz

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Margaret Jones

15. Birthplace Balto. Md.

16 (a) Informant Mrs Elaine Woessner

(b) Address 1213 Havenwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)

(c) Cemetery or crematory Balto

Location " Md

18 (a) Funeral director William Cook Inc

(b) [illegible] St. Paul St

19 (a) JUN 14 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 12 - 1943, at 7.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943, to June 12 1943, and that I last saw h[illegible] alive on 19

Immediate cause of death: Bronchogenic Carcinoma - (Duration)

Due to Generalized Carcinomatosis -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Brooke Boyle M.D.

Address 5217 - Harford Rd. Date signed 6/14/43

VS 180

G 05308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. G 05308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4-N
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
City or town Camp Pickett
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sgt. Edward M. Bryner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/13/1904

8. AGE: Years	Months	Days	If less than one day
39	3	29	hr. min.

9. Birthplace Connelsville, Pa.
(Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business

FATHER
12. Name Milton M. BRYNER
13. Birthplace Ohio Pyle - Pa.

MOTHER
14. Maiden Name ?
15. Birthplace Ohio Pyle - Pa.

16 (a) Informant Mrs. Mildred Bryner, Sister
(b) Address Halsted.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)

(c) Cemetery or crematory
Location Connellsville Pa

18 (a) Funeral director Walter Brooks Bradley Inc.
(b) Address 1924 N. North Ave

JUN 14 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 1:20 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 13 1943.

VS 181

G 05309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05309 Registered No. 1141

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood Street
(c) Hospital or institution: University 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Greenridge Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Shaffer Shaeffer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Anna.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 Months Days If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business

FATHER
12. Name William Shaeffer
13. Birthplace Pa.

MOTHER
14. Maiden Name Ida Shirey
15. Birthplace Pa.

16 (a) Informant Husband
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Dallis Town
Location Dallis Town Pa

18 (a) Funeral director A Lee Oden
(b) Address 4644 York Rd

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

JUN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to June 4 1943 and that I last saw h/[illegible] alive on June 4 1943.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Pulmonary thrombosis	3 Days.
Due to Ulcerations of Esophagus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Never had operation
Major findings of operation: Ulcerations of Esophagus.
of autopsy:

PHYSICIAN
6-7-43
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Raymond M. Cunningham M. D.
Address Main St. Date signed 6-14-43

Transcription 05310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1168

G 05310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp. 19

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 S. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Woodcock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rosa Lee Mc Crofort
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27/1887

8. AGE: Years	Months	Days	If less than one day
55	2	16	hr. min.

9. Birthplace West Virginia (town, county, and state)
10. Usual Occupation Policeman
11. Industry or business

FATHER
12. Name Charles S. Woodcock
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Sarah E. Chaffey
15. Birthplace Ireland

16 (a) Informant Rosa Lee Woodcock
(b) Address 329 S. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Maryland

18 (a) Funeral director Harry H. Wagner
(b) Address 1101 E Monument Ave

19 (a) JUN 14 1943 (b) Huntington Woods Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at 12 45 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Subdural hemorrhage of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June at 12 1943 10 20 P.M.
(b) Where did injury occur? 1004 Brentwood Ave
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? yes
(d) Means of injury Assaulted & knocked down

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 13 1943.

G 05311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 05311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Stinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Stinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Lemmerman
3 (b) If veteran, name war
3 (c) Social Security Account No. 704-07-9443

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elsie P. Graffe Graff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1885

8. AGE: Years 58 | Months | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation Conductor

11. Industry or business B. & O. R. R.

MOTHER / FATHER

12. Name Daniel H. Lemmerman

13. Birthplace Balto, Md

14. Maiden Name Anna E. Mahr

15. Birthplace Balto, Md.

16 (a) Informant Mrs. Elsie Lemmerman

(b) Address 339 Stinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director Harry H. Nitzke

(b) Address 4101 E. Lafayette Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/43 19 . at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to 6-13-1943 and that I last saw living alive on 6-12 19 43.

Immediate cause of death Carcinoma Stomach

Due to -

Due to -

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operation: -

of autopsy: -

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Schnitzer M. D.

Address 574 S. Fulton Ave Date signed 6-14-43

G 05312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131a

G 05312 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 649 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 32yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 649 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SEVERINO DI PIETRO

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 220-07-2450

4. Sex MALE | **5. Color or race** WHITE | **6 (a) Single, married, widowed, or divorced** WID.

6 (b) Name of husband or wife LATE - ROSARIA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEP. 16-1869

8. AGE: Years 73 | Months 8 | Days 28? | If less than one day hr. min.

9. Birthplace CASTELFRENTANO-ITALY
(Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business TAILOR SHOP

FATHER
12. Name TOBIA DI PIETRO
13. Birthplace ITALY

MOTHER
14. Maiden Name GIACINTA ?
15. Birthplace ITALY

16 (a) Informant PIERINA DI BATTISTA
(b) Address 649 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-16-43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR Rd. BAL. MD.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. MORLEY ST.

19 JUN 14 1943 (Date received by Registrar) **(b)** Huntington Willis Registrar M.D.
appointed by Robert Lee Graham M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 13 1943 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 17 1939 to JUNE 13 1943 and that I last saw h[illegible] alive on MAY 15 1943.

Immediate cause of death

CORONARY OCCLUSION — Duration: JUNE 13 '43
Due to ARTERIOSCLEROSIS — 1939
Due to ARTERIOSCLEROSIS — 1939
Other Conditions BENIGN PROSTATE

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Dolan M.D.
Address 682 Washington Blvd **Date signed** 6-13-43 M. D.

G 05313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 05313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 E Montgomery St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E Montgomery St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Evan Thomas Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Rachel M.
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 25 1875

8. AGE: Years	Months	Days	If less than one day
65	4	14	hr. min.

9. Birthplace Charles Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Cassie
15. Birthplace Md

16 (a) Informant Rachel M. Thomas
(b) Address 38 E Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd) JUN 14 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1943, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 42 to June 12 1943 and that I last saw him alive on June 12 1943

Immediate cause of death Carcinoma of Cardiac End of Stomach 2 mo. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 1228 E Oakland Ave Date signed 6/15/43

G 05314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1330

G 05314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Jenkins Memorial Hosp
(c) Hospital or institution: Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. K of C Home Mad & Cathedral (If rural give location) 700 Cathedral St.
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Michael Langhorn

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife MINNIE E. CANZHORN
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN - 29 - 1861

8. AGE: Years	Months	Days	If less than one day
82	4	15	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation RETIRED RESTAURATEUR
11. Industry or business

FATHER
12. Name MICHAEL CANZHORN
13. Birthplace Germany

MOTHER
14. Maiden Name ANNA BERTOLD
15. Birthplace Germany

16 (a) Informant FRANK M. CANZHORN
(b) Address 2912 CLEGMONT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas J. Evans, Son
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 12 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 8 1943 to JUNE 12 1943 and that I last saw HIM alive on JUNE 12 1943.

Immediate cause of death	Duration
Heart failure	
Due to Uremia	
Due to Pyelonephritis; Bilateral	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Bryan M. D.
Address St. Agnes Hosp Date signed 6/12/43

VS 150

G 05315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154 B

~~G 05315~~

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Ruckert Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Minnick

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-1913

8. AGE: Years	Months	Days	If less than one day
29	11	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Geo. R. Minnick
13. Birthplace Maryland

MOTHER
14. Maiden Name Etta Cannon
15. Birthplace Maryland

16 (a) Informant Mrs Etta Minnick
(b) Address 2901 Ruckert Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Leonard J. Rourke
(b) Address 5205 Harford Road

19 (a) Registered JUN 14 1943 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943, to June 14 1943, and that I last saw him alive on June 14 1943.

Immediate cause of death	Duration
Septicemia - Staph. aur. Hem	12 days
Due to Acute Exacerbation of Chr. Osteomyelitis of	5 wks.
Due to Lt hip	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta Sinkel, M. D.
Address Univ. Hosp. Date signed 6-14-43

G 05316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G 05316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts. 1701 Eutaw Place.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME LEON E. GREENBAUM.

3 (b) If veteran, name war ———
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence H. Greenbaum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1872.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	6	27		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Attorney.
11. Industry or business

MOTHER | FATHER
12. Name Emanuel Greenbaum,
13. Birthplace Germany,
14. Maiden Name Caroline Seliger,
15. Birthplace Balto. Md.

16 (a) Informant Dr. Harry S. Greenbaum,
(b) Address Madison Apt. Hotel.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harold Sonneborn & Sons
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) JUN 14 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th. 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1925 to June 13 1943 and that I last saw h alive on June 8 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 1

Due to Arteriosclerotic - Signs since 1942 Heart disease Symptoms

Due to Arteriosclerosis

Other Conditions Signs since — 1931

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Louis P. Hamburger, M.D.
Address 1207 Eutaw Place. Date signed 6/13/43

G 05317 G 05317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Ever

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME Dora Chisolm Chisolm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife Simon Chisolm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1882

8. AGE: Years	Months	Days	If less than one day
60	9	14	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Abraham Polette
13. Birthplace S C

MOTHER
14. Maiden Name Lucinda ?
15. Birthplace S. C.

16 (a) Informant Annie Chisolm
(b) Address 1715 Edmondson Ave

17 (a) Burial Cremation, or removal (b) Date thereof June 14 43 (month) (day) (year)
(c) Cemetery or crematory Dale
Location South Carolina

18 (a) Funeral director Mrs. Kate P. Williams
(b) Address 324 N. Edmondson Ave

19 (a) JUN 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943 to June 12 1943 and that I last saw [illegible] alive on June 10 1943.

Immediate cause of death Bronchial Pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed June 13 1943

6-D—MS 3

G 05318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13 a

G 05318 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Jessup
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Carey St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Cann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married

6 (b) Name of husband or wife Martha Cann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
61	10		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Cann
13. Birthplace Chestertown Md

MOTHER
14. Maiden Name Mary
15. Birthplace Md

16 (a) Informant Martha Cann
(b) Address 416 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 43 (month) (day) (year)
(c) Cemetery or crematory W.F. Curtis Cem
Location

18 (a) Funeral director Mrs Katie R. Wilbanks
(b) Address 322 N Schroeder St

19 (a) JUN 14 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943, at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943, to June 10 1943, and that I last saw h alive on June 10 1943.

Immediate cause of death Uremia — Duration

Due to Chronic nephritis

Due to

Other Conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. E. McMillan M. D.
Address University Hosp Date signed 6/11/43

G 05319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05319
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N Callaman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N Callaman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Bowman Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1927

8. AGE: Years	Months	Days	If less than one day
16	3	29	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Ernest Robinson
13. Birthplace Essex Co Md

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Balto Md

16 (a) Informant Mary Robinson
(b) Address 911 N Callaman St

17 (a) Burial (b) Date thereof June 15-43
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Mrs. Mattie Williams
(b) Address 3342 N Edmondson Ave

JUN 14 1943
(Date rec'd by registrar)

(b) Thurlington Williams M.D.
Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1943, at 9:45 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
(a) Coronary thrombosis
(b)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D.
Medical Examiner.
Date signed 6-11-43

G 05320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G 05320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Greenmeadow Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Oscar Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12 - 1916

8. AGE: Years	Months	Days	If less than one day
27	4	28	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Isaac Bevens
13. Birthplace Balto.

MOTHER
14. Maiden Name Selena Baily
15. Birthplace Balto. Md

16 (a) Informant Isaac Bevens
(b) Address 1098 N. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 332 N. Schroeder St

JUN 7 1943 (b) Washington Blvd
(Registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10- 1943, at 10 15 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Paralysis of Respiratory Centre

Due to Spinal cord injury

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-24-43 at 12.55 P. M.
(b) Where did injury occur? 2607 Poplar Drive Forchurst Estates Co. Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? yes.
(d) Means of injury Fell out of a window

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-11-43

G 05321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

G 05321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Belnord Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Belnord Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Kalmbacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Fred. Kalmbacher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1882

8. AGE: Years	Months	Days	If less than one day
60	5	28	hr. 27 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Beck
13. Birthplace New York

MOTHER
14. Maiden Name Augusta Hauff
15. Birthplace Not Known

16 (a) Informant John E. McFaul
(b) Address 27 N. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Rd.

18 (a) Funeral director John F. Miffler
(b) Address 2534 Jefferson St.

JUN 14 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to June 11 1943
and that I last saw h[illegible] alive on 6-11 1943

Immediate cause of death Carcinoma of rectum

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about Home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Gorsuch M. D.
Address 141 N. Eastern Ave. Date signed 6-14-43

VS 3

G 05322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G 05322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond Clarke

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 3

8. AGE: Years	Months	Days	If less than one day
29	3	11	hr. min.

9. Birthplace Sparrillie Va (Aphomack Co)
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Nethire Clark
13. Birthplace Sparrillie Va

MOTHER
14. Maiden Name Florence Atkins
15. Birthplace Sparrillie Va

16 (a) Informant Joe Brown
(b) Address Sulpepper Va

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)

(c) Cemetery or crematory Sparrillie
Location Sparrillie Va

18 (a) Funeral director
(b) Address 1600 Gilmor St.
(Local Registrar) (b) Huntington Williams, M.D. Registrar

JUN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14- 1943, at 10 35 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6-12-43 at 12.30 A M.
(b) Where did injury occur? Charles and Hill Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by Automobile

23. Signature Howard J. Weldeis M.D.
Medical Examiner.

Date signed 6-14-43

VS 181

05323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fulton & Calvert Ave

(c) Hospital or institution St Agnes Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4904 Alsop Drive

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Maynard Benjamin Evans

3 (b) If veteran, name war

3 (c) Social Security Account No. 362-07-7488

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Mary Matafrase Evans

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1885

8. AGE: Years 57 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Dayton Ohio.

(Town, county, and state)

10. Usual Occupation X-Ray Engineer

11. Industry or business Hospital

FATHER 12. Name Samuel Thomas Evans

13. Birthplace Dayton Ohio.

MOTHER 14. Maiden Name Lizzie Davis

15. Birthplace Bridgefield Wales

16 (a) Informant Mrs. Madge M. Evans

(b) Address 4904 Alsop Drive

17 (a) Burial (b) Date thereof June 16 1943

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Dayton Ohio

18 (a) Funeral director Easton Sons

(b) Address Elkton Md.

JUN 15 1943

(Registrar) (Huntington Williams M.D.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/43 19 , to 6/13/43 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary Thrombosis

Due to Paroxysmal Tachycardia

Due to Previous coronary thrombosis & infarct.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. J. Bryson M.D.

M. D.

Address St Agnes Hosp. Date signed

G 05324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05324

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ulysses Sidney Hurley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27th 1864

8. AGE: Years	Months	Days	If less than one day
78	10	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Lumber Inspector

FATHER
12. Name John H. Hurley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Mary Fitzpatrick
(b) Address 1514 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cox Inc
(b) Address 1217 St. Paul st.

19 (a) JUN 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943 to June 12 1943 and that I last saw h[illegible] alive on June 12 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary Atherosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Hasseman M. D.
Address 4037 Falls Rd. Date signed 6/14/43

05325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 05325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 Chestnut Hill Ave.
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 Chestnut Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Barnett Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. (?)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife, Hallie Clark
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1881.

8. AGE: Years	Months	Days	If less than one day
61	67	13	9 hr. 30 min.

9. Birthplace Augusta, Ga. (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Hosiery Dept. Store

FATHER
12. Name John T. Clark
13. Birthplace Georgia

MOTHER
14. Maiden Name Sarah Rainey
15. Birthplace Georgia

16 (a) Informant Wife
(b) Address Same address.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 15 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943. to 6-14 1943. and that I last saw him alive on 6-12 1943.

Immediate cause of death	Duration
(a) Chronic Myocarditis	?
Due to Acute Cardiac Dilatation	Sudden
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Cole, M.D.
Address 6014 York Road Date signed 6-14-43.

VS 3

05326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30C

Registered No. 05326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E. Clement
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. Clement St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Schreiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-9943

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary R. Schreiner
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) DEC 4 1886

8. AGE: Years	Months	Days	If less than one day
56	6	8	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Sheet Metal Helper.
11. Industry or business Wm. H. ZELLER CO. INC.

FATHER
12. Name GUSTAV SCHREINER
13. Birthplace GERMANY.

MOTHER
14. Maiden Name ANNA HARTLEIN
15. Birthplace GERMANY.

16 (a) Informant MARY. R SCHREINER.
(b) Address 423 E CLEMENT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 16-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM.
Location A.A.Co.

18 (a) Funeral director Bernard C Harlow
(b) Address 121 E. West St

19 JUN 15 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1943, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943. to June 12 1943. and that I last saw h. alive on June 12 1943.

Immediate cause of death Lues Venera
Central Nervous System

Due to

Due to

Other Conditions Contributing or Underlying (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Helen C. Schreiner M.D.
Address 1337 S Clinton St Date signed 6/14/43

VS 1

05327
435572.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G-05327 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Natalie Finger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-43

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul Finger
13. Birthplace New York City

MOTHER
14. Maiden Name Anna Weinstein
15. Birthplace New York City

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Bowley's Lane.

18 (a) Funeral director Sol Levinson Bro
Address 1124-26 Hillsdale Ave Huntingtown Wilkens, Md

19 (a) JUN 15 1943 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June-14- 1943 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May-31 1943 to June-14 1943 and that I last saw her alive on June-14 1943.

Immediate cause of death Coldiac Failure — Duration

Due to

Due to Sclerema; D'Lrhea;

Other Conditions Sclerema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley L. Blumenthal
Address Johns Hopkins Hospital Date signed 6/14/43

G 05328

[redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G 05328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County
(c) City or town Detroit
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13,633 Cloverlawn Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MICHAUD

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	374-14-3843

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1883

8. AGE: Years	Months	Days	If less than one day
60	4	16	- hr. min.

9. Birthplace Harrisville, Michigan
(Town, county, and state)
10. Usual Occupation Wheelman (Merchant Marine)
11. Industry or business -

FATHER
12. Name Florenz Michaud
13. Birthplace Ft. Kent, Maine

MOTHER
14. Maiden Name Francis Lachapple
15. Birthplace Cleveland, Ohio

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden

18 (a) Funeral director A. Riley Slade
(b) Address 4907 York Road

19 [redacted] (b) [redacted] Registrar

VS 180

MEDICAL CERTIFICATION A.

20. DATE OF DEATH June 11, 1943, at 2:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13, 1942, to June 11, 1943, and that I last saw him alive on June 11, 1943.

Immediate cause of death Broncho-pneumonia right lower lobe — Duration Term.

Due to Carcinoma of bladder — 7/1942

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/16/42; 10/23/42; 10/29/42; 11/2/42; 11/23/42; 11/2/42; 2/3/43-

Major findings of operation 2/22/43 &

Findings of autopsy: Carcinoma of bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature - U. S. Navy
Address Baltimore, Md. Date signed 6/11/43 M. D.

MS-42381

G 05329 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT ✓ [redacted]

CERTIFICATE OF DEATH 13B

Registered No. G 05329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 9-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Homestead St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Hohman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1888

8. AGE: Years	Months	Days	If less than one day
54	8	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Meat Cutter

11. Industry or business Erman Gealdhall

FATHER
12. Name Conrad Hohman
13. Birthplace Maryland

MOTHER
14. Maiden Name Cora Speigel
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Rural

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) [illegible] (Date received by Local Registrar) JUN 15 1943 W.M. Registrar
Huntington Hollins M.D.

VS 150

MEDICAL CERTIFICATION 5.05

20. DATE OF DEATH June 13 1943, at 7.8 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 6/2/43 19.. to 6/13/43 19.., and that I last saw h[illegible] alive on 6/13/43 19..

Immediate cause of death: Pulmonary Tuberculosis — Duration 6 Mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp Date signed 6/15/43

#46E 05330

[redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E Registered No. G 05330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Sumpter Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hans Baker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-98

8. AGE: Years	Months	Days	If less than one day
44	10	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ernest Baker
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Sokal
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16/43 (month) (day) (year)
(c) Cemetery or crematory Parkton Cem.
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver Baltimore, Md.

19 (a) JUN 15 1943 Registrar
(Date received by registrar)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to June 14 1943 and that I last saw h alive on June 14 1943.

Immediate cause of death: Malignancy & Peritonitis (Ca of Rectum & Sigmoid)

	Duration
Due to	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5/27/43
Major findings of operation: Carcinoma of Rectum - Sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Longmire Jr. M.D.
Address Johns Hopkins Hosp. Date signed 6/14/43

G 05331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 Maryland ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Maryland ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Minnie Rifkin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Morris
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1863
8. AGE: Years 80 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Louis Goldberg
13. Birthplace R.

MOTHER
14. Maiden Name Mollie
15. Birthplace R.

16 (a) Informant Rose Arskell
(b) Address 1742 Maryland ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Greater Balto Lodge
18 (a) Funeral director Jos Levin Jr
(b) Address 1439 E. Balto St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, at 4:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 14 1943, and that I last saw him alive on June 14 1943.

Immediate cause of death — Duration
Cerebral thrombosis 2 wks
Due to Arteriosclerosis
Due to Hypertension
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M J Baylin
Address 2470 Eutaw Date signed 6/14/43

VS 180

05332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131A

Registered No. C 05332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5001 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Vola Bowers

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-3202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George C. Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1893

8. AGE: Years	Months	Days	If less than one day
50	3	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Clerk - Md. Casualty
11. Industry or business

FATHER
12. Name Charles H. Fisher
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Altoona Ports
15. Birthplace Waynesboro - Pa.

16 (a) Informant Mrs Alba Bortner
(b) Address 2413 Brambleton Rd.

17 (a) Burial (b) Date thereof June 15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road

JUN 30 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, 8:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 43 to June 12 1943, and that I last saw her alive on June 12 1943

Immediate cause of death: Myocardial Insufficiency — Duration: 2 days

Due to Cardiorenalvascular Disease — 2 Mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Wilson M.D.
Address 617 W. 40th St. Date signed 6/12/43
(Occa)

05333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. C 05333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 Division St
(c) Hospital or institution:

(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Division St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anchus Rowson (Hill)
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-09-7896
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ellis Rowson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1895
8. AGE: Years 48 Months Days If less than one day hr. min.
9. Birthplace Penn. N. C. (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Boarding St.
FATHER 12. Name Moses Rowson
13. Birthplace N. C.
MOTHER 14. Maiden Name Sarah Black
15. Birthplace N. C.
16 (a) Informant Ellie Rowson
(b) Address 1107 Fremont
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-43 (month) (day) (year)
(c) Cemetery or crematory Pratt St Cem
Location Baltimore Md
18 (a) Funeral director William A Jackson
(b) Address 916 Pennsa ave
19 (Filed) JUN 15 1943 Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/43 19 7:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/9/43 19 , to 6/13/43 , and that I last saw him alive on 6/12/43
Immediate cause of death Cor. Thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. C. Sellers M. D.
Address Gwynn Oak Md Date signed 6/15/43

VS 180

C 05334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

Registered No. C 05334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kirkberry & Cabaw Aves
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Poplar Grove St. (If rural give location) 167
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernadine Jacobi (Bernardine M. Jacobi)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-22-03
8. AGE: Years 40 | Months 2 | Days 21 | If less than one day hr. min.
9. Birthplace Md Baltimore (Town, county and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frederick Yakel
13. Birthplace Md

MOTHER
14. Maiden Name Sophie Holtzman
15. Birthplace Md

16 (a) Informant Selby Priddy
(b) Address St Agnes Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 17 1943 (Date Rec'd by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/43 19 . at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12/43 19 . to 6/13/43 19 . and that I last saw her alive on 6/13/43 19 .

Immediate cause of death Acute Cardiac Failure

Due to Status Asthmatic Attack

Due to Bronchial Asthma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Bryans M.D.
Address St Agnes Hosp Date signed 6/13/43

05335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 05335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Glenmore ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Glenmore ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence M. Tyler

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Paul H. Tyler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1873

8. AGE: Years	Months	Days	If less than one day
70	3	17	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Woodfall
13. Birthplace England

MOTHER
14. Maiden Name Emma Coombs
15. Birthplace England

16 (a) Informant Capt. Paul N. Tyler
(b) Address 2906 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by registrar) JUN 15 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 6:35 P.M.

21. I certify that I took charge of the remains described above, held an autopsy - Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of Breast with Metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 6-13-43

VS 151

05336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. G 05336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD L. SMITH

3 (b) If veteran, name war: Spanish

3 (c) Social Security Account No. 215-01-2461

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jane E.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1886

8. AGE: Years 56 | Months 8 | Days 27 | If less than one day: hr. min.

9. Birthplace Elizabeth, N. J.
(Town, county, and state)

10. Usual Occupation --- Bar tender

11. Industry or business

FATHER
12. Name ? Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Jane E. Smith
(b) Address 2018 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 15 1943 (Date rec'd by registrar) Livingston Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1943, at 2 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943, to June 13 1943, and that I last saw him alive on June 13 1943.

Immediate cause of death: Coronary Thrombosis — Duration: day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Ashman M.D.

Address 1914 W North Ave Date signed 6/17/43

5337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 Registered No. G 05337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2248 W. North Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Grace Bell Woolf. (Grace C. Woolf)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Millard F Woolf
6 (c) If alive, give age (✓) years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1892

8. AGE: Years	Months	Days	If less than one day
50	10	7	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife at home.
11. Industry or business

FATHER
12. Name Edwin Bell
13. Birthplace Baltimore

MOTHER
14. Maiden Name Christine Ernst
15. Birthplace Baltimore

16 (a) Informant Millard F Woolf
(b) Address Above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 15 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at ° M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1943 to 6/13 1943. and that I last saw her alive on 6/13 1943.

Immediate cause of death	Duration
Brain tumor	2 yrs. very exact
Due to Type A Lobar pneumonia	
Due to (none)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6/10/43

Major findings of operation: Brain tumor

of autopsy: (None)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Cushing M.D.
Address University Hospital Date signed 6/14/43

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

G 05338 MT-80647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

G 05338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos., 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife John (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1871?

8. AGE: Years	Months	Days	If less than one day
72 ?	4 ?	11 ?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Maryland

MOTHER
14. Maiden Name Katie Pinky
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 6/18/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-3 1943, at 11:38 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1943 to 6-3 1943, and that I last saw her alive on 6-13 1943.

Immediate cause of death	Duration
Cardiac failure	2
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. K. Rabbitt M. D.
Address Balto. City Hosp Date signed 6-7-43

VS 150

G 05339

G 05339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1891

8. AGE: Years	Months	Days	If less than one day
52	5	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet Smith
15. Birthplace Md.

16 (a) Informant Mrs. Louise W. Jones
(b) Address 1417 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Kessler
(b) Address 9 S Eutaw

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1943 at 6.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to June 13 1943 and that I last saw him alive on June 7 1943.

Immediate cause of death — Duration

Cerebral Hemorrhage — 2 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Keating
Address 7 W. Eutaw Date signed 6/19/43

VS 3

G 05340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. G 05340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Craig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50 51	5	18		

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry W. Craig
13. Birthplace Va.?

MOTHER
14. Maiden Name Sophie ?
15. Birthplace Va.

16 (a) Informant Miss Olivia Craig
(b) Address 1202 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) [illegible] (b) Registrar

JUN 15 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 13 1943 and that I last saw him alive on June 11 1943

Immediate cause of death Cardio Vascular Disease — Duration Unknown

Due to Coronary Thrombosis — 6/13/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Chas. Frey M.D.
Address 1928 Penna Ave Date signed 6/14/43

G 05341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 McDonald Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MOLTON D. McCLURE

3 (b) If veteran, name war

3 (c) Social Security Account No. 238-05-6694

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1913

8. AGE: Years	Months	Days	If less than one day
30	1	-	hr. min.

9. Birthplace York County, S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Fairfield Shipyard

FATHER
12. Name John Frank McClure
13. Birthplace York County, S.C.

MOTHER
14. Maiden Name Mary Cohen
15. Birthplace York County, S.C.

16 (a) Informant Johnnie Mae Allan
(b) Address 523 S. Crocket St., Charlotte, N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 15 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Rd. Co. Md.

18 (a) Funeral director Holgate Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Huntington Williams, Mgr. (Date rec'd by registrar) Registrar

JUN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5. 1943 at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardio-vascular disease.

Due to

Other Conditions Heat Prostration.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed June 12, 1943
Res. Howard J. Maddeis M.D.

G 05342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05342 / 132

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 N. McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEONORE HUGHES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Lynchburg Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Robert Calloway
13. Birthplace Va.

MOTHER
14. Maiden Name Lucinda Johnson
15. Birthplace Va.

16 (a) Informant Raymond Hughes
(b) Address 1107 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolbert Halstead
(b) Address 918 Druid Hill Ave

19 (a) [illegible] (b) [illegible] Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 43 at 7P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hemmorrhage, pulmonary

Due to Interstitial pulmonary acute ulcerative

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed 6-12-43

G 05343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. G 05343

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Gough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Gough St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE MARIE SIBLE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William F. Sible
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1880

8. AGE: Years 62 | Months 8 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Braun
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant William F. Sible
(b) Address 2109 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/43 (month) (day) (year)
(c) Cemetery or crematory St. Mathews Cem.
Location Baltimore

18 (a) Funeral director H. Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) 6/15/43 (Date rec'd by registrar) (b) Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943 at 5.10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to June 13 1943 and that I last saw h alive on June 13 1943

Immediate cause of death: Chronic Nephritis — Duration: 10 yrs
Due to: Cardio-vascular Heart Trouble
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Valentine M.D.
Address 1702 Broadway Date signed 6/14/43

05344

BALTIMORE CITY HEALTH DEPARTMENT

MJ-S2004

CERTIFICATE OF DEATH

1952 Registered No. G 05344

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS 8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1631 Cliffview Ave.
(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES JOSEPH WEIDE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	218-10-0833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Dorries

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1897

8. AGE: Years	Months	Days	If less than one day
45	7	0	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Army Ordinance Div

FATHER

12. Name Frederick Weide

13. Birthplace Maryland

MOTHER

14. Maiden Name Minnie Hamon

15. Birthplace Maryland

16 (a) Informant Mrs. Marie Weide

(b) Address 1631 Cliftview Ave.

17 (a) Burial (b) Date thereof 6/17/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Immanuel Cemetery

Location Baltimore

18 (a) Funeral director H. Sander & Sons, Inc.

(b) Address North Ave. & Broadway

19 (a) 6/15/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 19 43, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 19 43 to 6/12 19 43, and that I last saw h[illegible] alive on 6/11 19 43.

Immediate cause of death Pulmonary Edema

Antecedent Endocarditis

Due to Rheumatic Heart Dis 20 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Paul [illegible] M. D.

Address [illegible] Baltimore City Date signed 6/[illegible]/43

VS 180

435764

05345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. G 05345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 Robb St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME KATHRYN H DADE

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James E. Dade
6 (c) If alive, give age 53

7. Birth date of deceased (mo., day, yr.) Sept. 22 1895

8. AGE: Years	Months	Days	If less than one day
57	8	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Schaeder
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wetters
15. Birthplace Germany

16 (a) Informant James E. Dade
(b) Address 2042 Robb St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore

18 (a) Funeral director H. Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) 6/15/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943 at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to June 14 1943 and that I last saw her alive on June 14 1943.

	Duration
Immediate cause of death: Cerebral embolus	
Due to: Embolus from aortic valve.	
Due to:	
Other Conditions: Rheumatic heart disease (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Stated above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford M.D.
Address Johns Hopkins Hosp Date signed 6/15/43
Balt Md (over)

VS 180

Orig per G 05346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 05346
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 703 W. Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James H. Fahshier Fanshier

3 (b) If veteran, name war no

3 (c) Social Security Account No. 214-18-7997

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943, at 9 15 P M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Specialist - self

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Howard J. Rogers
(b) Address 703 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mrs. Nus. John W. Teufel & Son
(b) Address 801 W Fayette St

19 (a) (Date received) JUN 15 1943 (Registrar) Lucy Williams, M.D.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Crushed chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 5 1943 at 4-5 03 9 P M.
(b) Where did injury occur? Baltimore & Fremont Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Street While at work? No
(d) Means of injury struck by auto

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed June 6 1943

VS 151

05347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Carey St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Billy Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1942

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	1/30	2		

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Robert Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Marie Gibson
15. Birthplace N.C.

16 (a) Informant Marie Jones
(b) Address 608 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Wm Kates R. Williams
(b) Address 324 N. Schroeder St

19 (a) JUN 15 1943 (Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943, to June 12 1943 and that I last saw h[illegible] alive on June 9 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Bentley M. D.
Address Provident Hospital Date signed 6-14-43

05348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05348 Registered No. 1186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Av.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balt.

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 310 S. Bouldin

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Wilhemenia Koenig

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Gottlied

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1855

8. AGE: Years	Months	Days	If less than one day
88 88	1	28	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name Walter

13. Birthplace Germany

MOTHER

14. Maiden Name Cathryn

15. Birthplace Germany

16 (a) Informant Mrs. Moebius

(b) Address 310 S. Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director John. G. Modgen

(b) Address 3000 E. Balto St.

19 (a) JUN 15 1943 (b) Hustis for Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1943 at 10 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1943 to 6-13- 1943 and that I last saw her alive on 6-13- 1943

Immediate cause of death: acute cardiac failure — Duration: 1/2 hrs

Due to: auricular fibrillation & HCVD — Duration: more than 2 weeks

Due to: — Duration:

Other Conditions: sub trochanteric fract left femur — Duration: 9 days

(Include pregnancy within 3 months of death)

Date of operation 6-5-43

Major findings of operation: fracture

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 6-9-43 at P M

(c) Where did injury occur? Balto. MD (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no

(Specify type of place)

(e) Means of injury fall from chair

23. Signature Howard J. Madden M. D.

Address Balto City Hosp

Date signed 6-14-43

Approved by Howard J. Madden, M.D.

G 05349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 05349 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Lenora Oresun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3/27/69
8. AGE: Years 74 Months 2 Days 16 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business "

FATHER
12. Name Charles H. Oresun
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Lehman
15. Birthplace Balto. Md.

16 (a) Informant Mr. J. Geo. Walz
(b) Address 22 S. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Withe
(b) Address 4101 E Monument Ave

19 (a) Filed by registrar (b) Huntington Wills Registrar

VS 150

MEDICAL CERTIFICATION 6.45 A.

20. DATE OF DEATH 6/13/43, 19, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 19 43 to June 14 19 43 and that I last saw her alive on June 11 19 43

Immediate cause of death: Cerebral Hemorrhage 2 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hamilton Clare M. D.
(Address) Date signed Jan 14/43

G 05350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2330 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar L. Grimes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	widower

6 (b) Name of husband or wife Late Lillian A. (nee Baker) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	8	10		

9. Birthplace Md. (Town, county, and State)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name John Grimes
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Snowden
15. Birthplace Md.

16 (a) Informant Mrs. Jessie Arnold
(b) Address 3253 Cecil Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43. (month) (day) (year)
(c) Cemetery or crematory Templetown M.E. Church
Location Templetown, Md.

18 (a) Funeral director Harry R. Nitzke
(b) Address 401 E. Edmondson Ave.

19 (a) (Registrar's signature) Registrar

JUN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/43. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934, to June 13 1943, and that I last saw [illegible] alive on June 9 1943

Immediate cause of death Arteriosclerotic coronary occlusion. — Duration

Due to Coronary arteriosclerosis — Duration

Due to Cerebral arteriosclerosis — Duration

Other Contributing Causes — cardiac. — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Lockard
Address 2925 N. Edmondson Ave. Date June 15 1943

Attends - Howard J. Andelman, M.D. (over)

G 05351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 05351 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Nardo

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Nicolo Nardo
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov ~~ember~~ 26 1900

8. AGE: Years	Months	Days	If less than one day
42	6	18	17 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Pasquale Biondo
13. Birthplace Italy

MOTHER
14. Maiden Name Mary?
15. Birthplace Italy

16 (a) Informant Nicolo Nardo, Husband,
(b) Address 3517 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd. Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Filed by registrar Wilmer M. D. Registrar
JUN 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1943, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1943, to 6/13 1943, and that I last saw her alive on 6/12 1943.

Immediate cause of death Coronary of stomach — Duration 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Unknown
Major findings of operation: Inoperable Cancer of Stomach
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3335 Eastern Date signed 6/15/43

G 05352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 Gough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Grorge Beard Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Helen Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29th 1882

8. AGE: Years 60 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business Of Gospel

FATHER
12. Name John Johnson
13. Birthplace England

MOTHER
14. Maiden Name Mary T. Anstes
15. Birthplace England

16 (a) Informant Mary H. Johnson
(b) Address 2019 Gough St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 1a JUN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943, to June 12th 43, and that I last saw him alive on June 6th 1943.

Immediate cause of death: Cardiac Thrombosis — Duration: acute

Due to: Broncho Pneumonia — 1 wk.

Due to: Arteriosclerosis & Chronic Nephritis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl J. Douglas M. D.
Address 2019 Gough St. Date signed 6/12/43

G 05353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13a

G 05353 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Willie E. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7, 1899

8. AGE: Years	Months	Days	If less than one day
43	6	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Bouldin
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Carrington
15. Birthplace Va.

16 (a) Informant Georgia Robinson
(b) Address 1816 E. Chase St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 15/43 (month) (day) (year)
(c) Cemetery or crematory
Location Lake Virginia

18 (a) Funeral director Mrs. Ethel G. Elliott
(b) Address 1129 N. Carolina St.

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

JUN 15 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to June 12 1943.
and that I last saw h[illegible] alive on June 11 1943.

Immediate cause of death	Duration
Coronary Occlusion	June 12/43
Due to Mitral Insufficiency	Nov 1942
Due to	
Other Conditions Hypertension and Nephritis	Nov 1942

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young M. D.
Address 1[illegible] E Monument Date signed 6/15/43

G 05354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 05354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPT 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 E. FEDERAL ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRIEDA WOLPERT

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MOSES L. WOLPERT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name
13. Birthplace RUSSIA

MOTHER
14. Maiden Name
15. Birthplace RUSSIA

16 (a) Informant HARRY K. WOLPERT
(b) Address 2481 SHIRLEY AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-15-43 (month) (day) (year)
(c) Cemetery or crematory BNAI ISRAEL
Location SOUTHERN AVE

18 (a) Funeral director JACK LEVY INC.
(b) Address 1439 E. BALTIMORE ST. (Undertaker or Institution)

19 (a) (Date) JUN 15 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-43 19 , at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 19 43 to 6/11 19 43 and that I last saw h. alive on 6/11 19 43.

Immediate cause of death UREMIA
Due to PULMONARY EDEMA
Due to CARDIAC FAILURE
Due to ARTERIOSCLEROTIC HEART DISEASE
Other Conditions CONTRACTED CONTRACTURE OF LEFT KNEE
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence JUNE 11 1943 7 P.M.
(c) Where did injury occur? 1401 E. FEDERAL ST (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME While at work? NO (Specify type of place)
(e) Means of injury FELL ON FLOOR
23. Signature [illegible]
Address SINAI HOSP. Date signed 6/14/43 M. D.

VS 180

Approved Reg. Robert Lee Graham M.D.

05355 mail - 5007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √159

G 05355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 N Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N. Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Baby Taft

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife ✓ 6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 10, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business ✓

FATHER
12. Name Washington Irving Taft
13. Birthplace Greenville, N.C.

MOTHER
14. Maiden Name Bernice Deloris Brooks
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address 1726 N. Mount St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL JUN 14 1943
Location
18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 15 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1943, to 6/11 1943. and that I last saw her alive on 6/11 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Franklin Hollifield M. D.
Address 543 Cumberland Date signed 6/17/43

VS 3

R0169

G 05356 G 05356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

✓ B.O. 5356 G 05356

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 South Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 3
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 South Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Marie Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Leo. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1895

8. AGE: Years	Months	Days	If less than one day
47	7	19	hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Michael Joseph Devine
13. Birthplace New York City N.Y.

MOTHER
14. Maiden Name Catherine F. Fitzpatrick
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph Leo. Miller
(b) Address 300 South Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Avenue

19 (a) (Signature of local registrar) (b) Huntington Woods, Md. (Address) (Registrar)

JUN 16 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940. to 6/14 1940.
and that I last saw h.e. alive on 6/14 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 6/7/40
Due to Hypertension — ?
Due to A.S.H.D. — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Commons M.D.
Address 206 E. Gilman Date signed 6/15/40

G 05357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 05357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3105 Westwood Ave
(c) Hospital or institution: ~~Home~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3105 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard E. Sands

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NV	[illegible]	M.	W	M.

6 (b) Name of husband or wife Martha E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 29 1880

8. AGE: Years	Months	Days	If less than one day
62	9	16	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Self.

FATHER
12. Name Richard H. Sands
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Woodward
15. Birthplace Md.

16 (a) Informant Martha E. Sands.
(b) Address 3105 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Baltimore

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Fed St

19 (a) JUN 16 1943 (Date received) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 15 1943, and that I last saw him alive on June 14 1943.

Immediate cause of death Coronary Thrombosis — Duration 9 days
Due to Hypertension — 6 mo.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Sikes M. D.
Address 3703 Garrison Blvd Date signed 6/15/43

G 05358

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05358

CERTIFICATE OF DEATH 43D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Overlea Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Overlea Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Thomas Hicks Smith

3 (b) If veteran, name war —— W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife May E. Smith
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 20th 1861

8. AGE: Years	Months	Days	If less than one day
81	7	24	hr. ..... min.

9. Birthplace Frederick Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Letter Carrier

FATHER
12. Name David P. Smith
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Susan E. Ford
15. Birthplace St. Marys Co. Md.

16 (a) Informant Ruth B. Ward
(b) Address 4008 Overlea Ave

17 (a) Cremation (Burial, cremation, or removal) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto. Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St. Paul St.

19 (a) [illegible] (b) Huntington Williams, Registrar

JUN 16 1943

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1943. at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1943. to June 13 1943.
and that I last saw him alive on June 13 1943

Immediate cause of death	Duration
myocardial infarction	1 wk
Due to	
Arterio Sclerosis	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Edward Zeuner M. D.
Address 1 W. Preston Date signed 6/15/43

G 05359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114C

G 05359
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Sq. Hospital 15-2
(d) Length of stay in hospital (inst. (yrs., mos., or days) 4 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME CHARLES F. HADEL SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-9906.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Mary E. Hadel.
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Sept. 25-1907.
8. AGE: Years 35 | Months 8 | Days 20 | If less than one day: hr. min.
9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Gas Fitter.
11. Industry or business Gas & Elect. Co.

FATHER
12. Name Davidson Henry.
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name Annie E. Lewis.
15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. Mary E. Hadel.
(b) Address 1612 N. Monroe St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/18-43. (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 JUN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/43 19 , at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/43 19 , to 6/15/43 19 , and that I last saw h[illegible] alive on 6/15/43 19 .

Immediate cause of death: Hemoptysis
Due to: Sarcoma of Lung
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Gradinger Jr. M. D.
Address Franklin Sq. Hospate signed

VS 3

G 05360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Lennox St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Lennox St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. McDonnell

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	213-14-5725

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Bernadine K. McDonnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1862

8. AGE: Years	Months	Days	If less than one day
80	6	24	hr. min.

9. Birthplace Baltimore (Town, county, and state) Produce
10. Usual Occupation President-Wholesale Fruit &
11. Industry or business J.H.Dashields & Co.

FATHER
12. Name James E. McDonnell
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Ellen Kinsella.
15. Birthplace Dublin, Ireland

16 (a) Informant Mr. J. Walter McDonnell
(b) Address Memphis, Tenn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 16 1943 (b) Filed Huntington Williams M.D.

VS 200

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 14, 1943, at 7:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to June 14 1943, and that I last saw him alive on June 13 1943.

Immediate cause of death	Duration
Chronic Myocarditis.	
Due to	
Due to	
Other Conditions Mucous colitis.	7 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Tickner M. D.
Address 701 N. Kenwood Ave. Date signed 6-15-43

G 05361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G 05361

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 401 Yale Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 401 Yale Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Florence Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William C. Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1858

8. AGE: Years	Months	Days	If less than one day
84	10	2827	hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER

12. Name Isaac Bell

13. Birthplace Va.

MOTHER

14. Maiden Name Permelia Brannon

15. Birthplace Va.

16 (a) Informant Mrs Bessie Pumphrey

(b) Address 2543 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 17 (day) 43 (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto. Md.

18 (a) Funeral director Geo. Weber & Son

(b) Address 2503 Edmondson Ave

19 (a) [illegible] JUN 18 1943 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h[illegible] alive on 5/24 1943.

Immediate cause of death: Congestive Heart Failure

Due to Arteriosclerotic CVHD

Due to Generalized Atherosclerosis, Cerebral Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Willard Applegarth

Address 2511 Kerbs St Balto Md Date signed 6/15/43

Rd

Selikovitz ✓ G 05362

G 05362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15-12
(d) Length of stay in hospital or inst. (yrs., ~~mos., or~~ days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 Park Heights
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Max Selikowitz

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace R

MOTHER
14. Maiden Name Freida
15. Birthplace R

16 (a) Informant Mrs Meyer Berman
(b) Address 3731 Park Heights

17 (a) Burial (b) Date thereof 6-16-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Rosedale
Location Beth Jacob Israel Agudas

18 (a) Funeral director Jos Levin & Son
(b) Address 1739 E. Baltimore St

19 (a) (Date received) JUN 16 1943 Huntington Williams, M.D. (Registrar)

VS 2M

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 19__ to 6/15 1943.
and that I last saw h alive on 6/15 1943.

Immediate cause of death	Duration
Heart failure	3 wks
Due to Arteriosclerotic heart disease	several yrs.
Due to	
Other Conditions Carcinoma of prostate 2 months	2 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. Richman, M.D.
Address Sinai Hosp Date signed 6/15/43

G 05363 ✓ G 05363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Fleet St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel H. Cohen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Cohen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1889
8. AGE: Years 54 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor (Self)
11. Industry or business

FATHER
12. Name Isadore Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Ida –
15. Birthplace Russia

16 (a) Informant Mrs. Irene Segall
(b) Address 2436 Callow Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Sterling Rem. Co. Location Loudon Park
18 (a) Funeral director Isador Lewis Inc.
(b) Address 1439 E. Balto. St
19 (a) (Date rec'd) JUN 16 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10/1943, at 12:- M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/1940 to 6/15 1943 and that I last saw h[illegible] alive on 6/10/1943.

	Duration
Immediate cause of death Gastric Hemorrhage	
Carcinoma	
Due to Carcinoma of stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Weckamann M. D.
Address Sinai Hospital Date signed 6/15/43

05364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136a

G 05364
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbert Dodd

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-9074

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Jessamine Dodd
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) May 16, 1916

8. AGE: Years	Months	Days	If less than one day
27	-	28	hr. min.

9. Birthplace Clayton N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Rufus Dodd
13. Birthplace Clayton N.C.

MOTHER
14. Maiden Name Lila Pumphrey
15. Birthplace N.C.

16 (a) Informant Jessamine Dodd
(b) Address 927 Mulberry St.

17 (a) Shipped **(b) Date thereof** June 16-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bunker Hill
Location Clayton N.C.

18 (a) Funeral director Mrs Nata P. Williams
(b) Address 312 N. Carpenter St

19 (a) JUN 16 1943 **(b)** Huntington Williamsport Md
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943 to 6-14 1943, and that I last saw him alive on 6-14 1943

Immediate cause of death Exhaustion of Uremia — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-10-43

Major findings of operation: Malignant Structure

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N Carlton Date signed 6/15/43

5365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 05365
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 W. 22nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannie Gordon Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife William Jefferson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Unionville Talbot Co. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Gram
13. Birthplace Unionville Talbot Co. Md.

MOTHER
14. Maiden Name Margary Louis
15. Birthplace Talbot Co Md.

16. (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Wm. Nathan Williams
(b) Address 2342 W. Baltimore St
19 (a) JUN 16 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 1943, at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1943 to 6-13 1943 and that I last saw h[illegible] alive on 6-13 1943.

Immediate cause of death	Duration
Uraemia	3
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Ralston M. D.
Address Balto. City Hosp Date signed 6-14-43

05366 455122

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 W

Registered No. G 05366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Jacob Fooks

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213 01 1981

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/6/91

8. AGE: Years 51 | Months 9 | Days 67 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Supt. Packing Co.

11. Industry or business

FATHER
12. Name Peter Fooks
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Ritter
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 43 (month) (day) (year)
(c) Cemetery or crematory Schwartz Home
Location Edgewood St.

18 (a) Funeral director Lilly & Zeiler / NC
(b) Address 403 Linden Ave.

JUN 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943 at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to June 13 1943 and that I last saw him alive on June 13 1943.

Immediate cause of death Uremia — Duration

Due to Arteriosclerotic nephritis

Due to

Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Gerson M. D.

Address Johns Hopkins Hospital Date signed 6-14-43

5367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 05367

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 DAS.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 S. Bayliss St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Bloom

3 (b) If veteran, name war NO.

3 (c) Social Security Account No. 086-16-9702

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Irene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-88

8. AGE: Years	Months	Days	If less than one day
54	5	29	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Cook -
11. Industry or business SEAMAN

FATHER 12. Name Andrew Bloom
13. Birthplace Russia

MOTHER 14. Maiden Name Eliza Eglit
15. Birthplace Russia -

16 (a) Informant Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 18/43 (month) (day) (year)
(c) Cemetery or crematory ST. MATTHEWS
Location ODONNELL ST.

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

JUN 16 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to June 15TH 43.
and that I last saw h alive on June 15TH 43

Immediate cause of death
Perforating carcinoma of the stomach with peritonitis
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Duration
Several days
5 weeks

Date of operation 5/25/43, 6/10/43
Major findings of operation: Ca of the stomach
of autopsy? Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thompson Jr.
Address Johns Hopkins Hosp Date signed 6/15/43

05368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

942 ✓ Registered No. G 05368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Booth St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Booth St. (If rural give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Tiny Tinsley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Tinsley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Glenmore Kent Co. Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Dave Wilmer
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Glenmore, Md

16 (a) Informant Wm. Tinsley
(b) Address 1020 Booth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Wm. Kate R. Williams
(b) Address 322 N. Schroeder St

19 JUN 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1943, at M

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 6/17/43.

VS 181

05369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Connecticut Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. # 4212 Connecticut Avenue, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter A. Resau

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna M. Resau
6 (c) If alive, give age 63 ~~1880~~

7. Birth date of deceased (mo., day, yr.) July 22nd, ~~1880~~

8. AGE: Years	Months	Days	If less than one day
~~60~~ 61	10	23 22	hr. min.

9. Birthplace Elkridge, Maryland. (Town, county, and state)
10. Usual Occupation School Board
11. Industry or business Baltimore, Md.

FATHER
12. Name John H. Resau
13. Birthplace Elkridge, Maryland.

MOTHER
14. Maiden Name Mary Pettit
15. Birthplace Elkridge, Maryland.

16 (a) Informant Mrs Anna M. Resau
(b) Address # 4212 Connecticut Avenue,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 17 / 1943 (month) (day) (year)
(c) Cemetery or crematory St. Augustine's Cem., Location Elkridge, Maryland,

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins Street.

19 JUN 16 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150 *-

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 14th, 1943, at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1943 to 6-14 1943, and that I last saw h~~e~~ alive on 6-14 1943.

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Aloha H. Counthes M. D.
Address 4209 Hred Ave Date signed 6-14-43

(over)

05370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 V

Registered No. G 05370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Llewellyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3. 1930

8. AGE: Years	Months	Days	If less than one day
12	10	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward M. Shipley
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Haller
15. Birthplace Baltimore Md.

16 (a) Informant Edward M. Shipley
(b) Address 2629 Llewellyn Ave

17 (a) Burial (b) Date thereof 6-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St - Balto Md

18 (a) Funeral director John E. Milby Inc
(b) Address 243 E Lexington St Baltimore Md.

19 (a) JUN 10 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, at 8 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or inquiry) (Autopsy or inquiry)

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 14 1943 at 7 P M
(c) Where did injury occur? Brick 1400 block Sinclair Lane
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Quarry While at work? No
(Specify type of place)
(e) Means of injury Drowning

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed June 15 1943

VS 6

G 05371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05371 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 575 N Pine
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 575 N Pine (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Jarod (JAMES)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-06-9403

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Nail
11. Industry or business

FATHER
12. Name Julius Johns
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Harriett James
15. Birthplace Balto Md

16 (a) Informant Annie Pollard
(b) Address 615 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-43 (month) (day) (year)
(c) Cemetery or crematory W H Atkinson Co
Location

18 (a) Funeral director Wm Yates Williams
(b) Address 322 N. Schroeder St

19 June 16 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1943 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 10 1943 and that I last saw h— alive on June 10 1943.

Immediate cause of death

	Duration
Cerebral Hemorrhage	7
Due to Renal disease	1
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Yates Williams
Address Date signed 6-11-43

Approved by Howard J. Madden, M.D.

VS 3

G 05372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. G 05372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospt.
(c) Hospital or institution: Lombard & Greene Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 W Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 1 - 1942

8. AGE: Years	Months	Days	If less than one day
	6	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Johnson
13. Birthplace Va.

MOTHER 14. Maiden Name Lillian Thomas
15. Birthplace Md.

16 (a) Informant Robert Johnson
(b) Address 542 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 16 - 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 - Druid Hill ave.

19 (a) JUN 16 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 19 43 at 1 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 19 43 to June 14 19 43 and that I last saw h[illegible] alive on June 14 19 43.

Immediate cause of death	Duration
Cardiac failure	—
Due to Bronchopneumonia	1 week
Due to Gastro-enteritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin H. Hornyn M. D.

Address Univ. Hospt. Date signed 6/17

Honigan

G 05373

Bapt 6077 Hanford Road

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05373

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Leinkuhler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 185[illegible]

8. AGE: Years	Months	Days	If less than one day
87	2	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name John M. Leinkuhler
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Knepper
15. Birthplace Germany

16 (a) Informant Mathias Leinkuhler
(b) Address 3501 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1943 to June 15 1943. and that I last saw [illegible] alive on June 17 1943.

Immediate cause of death Myocarditis (Chr.) Duration 7 years

Due to Advanced arteriosclerosis Duration 7 years

Due to

Other Conditions Acute Intermittent Pulmonary Edema ? Duration 7 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis J. Bapt. M.D.
Address 6077 Hanford Rd. Date signed 6/19/43

05374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 05374

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 N. Carrollton ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) over 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Carrollton ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Carrie Barry Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Widowed

6 (b) Name of husband or wife Thomas J. Walker

6 (c) If alive, give age → years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	18	— hr. — min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Own home

FATHER — 12. Name	Jacob McIntosh
FATHER — 13. Birthplace	Virginia
MOTHER — 14. Maiden Name	Martha Washington
MOTHER — 15. Birthplace	Va

16 (a) Informant Mrs Ethel Day

(b) Address 1122 Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Walker Family Cemetery

Location Nassau, Va.

18 (a) Funeral director Mrs Geo. W. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) (Date received) JUN 16 1943 (Registrar)

Huntington, W. Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6—15 1943. at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6—4—1943. to 6—15—1943. and that I last saw her alive on 6—14—1943.

Immediate cause of death: Cerebral hemorrhage — Duration 12 days

Due to: Hypertension + arteriosclerosis — Duration Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders

Address 1089 N. Stricker St. Date signed 6-15-43 M

G 05375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County -
(c) City or town Astoria, Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30-15 42nd Street
(If rural give location)
(e) Citizen of foreign country? XXX No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE WEEKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Wid.

6 (b) Name of husband or wife Elizabeth Heckler
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1880

8. AGE: Years	Months	Days	If less than one day
62	7	21 20	- hr. - min.

9. Birthplace New York City
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Merchant Marine

FATHER
12. Name Joseph Weeks
13. Birthplace Germantown, New York

MOTHER
14. Maiden Name Sara McGlaughlin
15. Birthplace ?

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory
Location Astoria N. Y.

18 (a) Funeral director A. J. Neu Blade
(b) Address 49 07 Youle Road

19 (a) (b) Registrar
JUN 20 1943
Huntington Williams, M.D.

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH June 15, 1943, at 1:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2, 1943 to June 15, 1943, and that I last saw him alive on June 15, 1943.

Immediate cause of death	Duration
Broncho-pneumonia, terminal	3 days
Due to Metastatic squamous carcinoma, right neck	8 mos.
Due to Squamous carcinoma, right anterior tonsillar pillar	19 mos.
Other Conditions -	

(Include pregnancy within 3 months of death)
Date of operation None dur. this adm.
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address Baltimore, Md. Date signed 6/16/43

MS-45257

G 05376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Boyd sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo. 3w
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 E. 20th street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John Joseph McGinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24 1878

8. AGE: Years	Months	Days	If less than one day
64	8	21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk -

11. Industry or business

FATHER
12. Name Mr. Bernard McGinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Hayden
15. Birthplace Maryland

16 (a) Informant Mrs. Bernard N. McGinn
(b) Address 505 E. 20th st, city

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Chas. F. Evans-Son
(b) Address 118 W. Mt Royal Ave

19 (a) (Date rec'd by registrar) Hunting for Williams M.D. (Address)

JUN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1943 to June 15 1943, and that I last saw him alive on June 13 1943.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Coronary occlusion	?
Due to	
Other Conditions Active pulmonary tuberculosis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary occlusion, pulmonary TBC

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Union Memorial Hosp. Date signed 6-15-43

G 05377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 05377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 1-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin Carnaghan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1925

8. AGE: Years 17 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name John Carnaghan
13. Birthplace Lyndon, England

MOTHER
14. Maiden Name Lydia Stein
15. Birthplace Baltimore

16 (a) Informant John Carnaghan
(b) Address 2536 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director Mendel & Spagel
(b) Address 312 S. Highland Ave

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 12 1943 P.M.
(b) Where did injury occur? Near old Annapolis Road
(c) Did injury occur at home, on farm, industrial place, in public place? pond While at work? no
(d) Means of injury Drowning

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed June 13 1943

Registrar

VS 181

G 05378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G 05378 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Ridley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1910

8. AGE: Years	Months	Days	If less than one day
33	4	15	hr. min.

9. Birthplace Grandle Co. N. Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Robert Ridley
13. Birthplace N. C.

MOTHER
14. Maiden Name Caroline Peace
15. Birthplace N. C.

16 (a) Informant Carrie Beedles
(b) Address 607 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dft
(b) Address 129 N. Caroline St.

19 (a) (Date rec'd by Local Registrar) (b) Registrar, Md.
JUN 16 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1943 at 7 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943 to June 12 1943, and that I last saw h/xx alive on June 12 1943.

Immediate cause of death	(a)	Duration
Hypertensive Cardio-Vascular Renal Disease		
Due to		
Due to		
Other Conditions Chronic Nephritis		

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Banfield M. D.
Address Provident Hospital Date signed 6-15-43

42445879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 05379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1185 Briscoe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maria Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/3/28

8. AGE: Years	Months	Days	If less than one day hr.	min.
14	8	11		

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Rayfield Adams.
13. Birthplace Del

MOTHER
14. Maiden Name Carrie Hurston
15. Birthplace Del.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director David L. Brown Jr.
(b) Address 108 W Montgomery St

19 (a) Huntington Williams M.D. Registrar
JUN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June-14 1943, at 8.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to June-14 1943, and that I last saw her alive on June 14 1943.

Immediate cause of death	Duration
Cardiac failure & pneumonia	
Due to Ruptured appendix & peritonitis	
Due to	
Other Conditions Bilateral salpingitis & pelvic abscess	

(Include pregnancy within 3 months of death)

Date of operation 5/7/43 5/21/43

Major findings of operations Ruptured Appendix & peritonitis

of autopsy:

PHYSICIAN: State the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. G. Lawson M.D.
Address Johns Hopkins Hospital Date signed 6/16/43
Baltimore Md.

G 05380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05380 Registered No. 1710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town Theall La. (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE H. THEALL

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gladys F Theall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 28 1919

8. AGE: Years	Months	Days	If less than one day
23	5	17	hr. min.

9. Birthplace Theall La. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Mrs. Whitehurst
(b) Address 6 and N Holabird - Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-43 (month) (day) (year)
(c) Cemetery or crematory
Location Louisiana

18 (a) Funeral director Walter Brooks Bradley 2nd
(b) Address 1944 E. Baltimore Ave

19 JUN 20 1943 Huntington Williamsport, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 9 55 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15-43 at 9:20 P.M.
(b) Where did injury occur? Railroad tracks near Baltimore Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No.
(d) Means of injury Pedestrian struck by streetcar

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-16-43

17 W. Saratoga St.
05381 JOHNSON
CAL 2630 12TO 2 Pm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 46E

Reg. Dist. No. G 05381 5 Rm 11

1. PLACE OF DEATH:
County 2331 W Lanvale st
City or town Baltimore Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 yr
Hospital, institution, or street address where death occurred: 16
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2331 W Lanvale st
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Lillian M. Reiser

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

(b) Name of husband or wife Anthony Reiser
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2/19/1873

8. AGE: Years	Months	Days	If less than one day: hrs. / min.
70	3	26	

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER 12. Name Edward J. McSherry
13. Birthplace

MOTHER 14. Maiden name Annie M Cook
15. Birthplace

16. Informant Adelaide Lemmon
Address 2331 W Lanvale st
17. Burial (Burial, cremation, or removal—Which?) Date thereof 6/18/43 (month) (day) (year)
Cemetery or crematory London Park Cemetery
Location Frederick ave.
18. Funeral director Ambrose Inc.
Address 414 N Franklintown rd.
19. JUN 16 1943 Huntington Williams, M.D. Address 17 W Saratoga St

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1942 at 4.45 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 13 1942 to June 15 1943
and that I last saw alive on June 14 1943
Immediate cause of death Carcinoma Sigmoid — DURATION 2 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Carcinoma Sigmoid
Date of operation June 1942
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert A Johnson M. D. for city
Date signed 6/16/43

G 05382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 05382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 W. Presstman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 13
(d) Street No. 335 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Walter Merks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Novella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 10-1905

8. AGE: Years 38 | Months 2 | Days 36 | If less than one day hr. min.

9. Birthplace Florence S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Merks
13. Birthplace Florence, S. C.

MOTHER
14. Maiden Name Phillis Nettles
15. Birthplace Florence, S. C.

16 (a) Informant Novella Merks
(b) Address 335 W. Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1943 (month) (day) (year)
(c) Cemetery or crematory
Location Florence, S. C.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Huntington Williams M.D. (Local registrar)
JUN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1943 to June 16 1943 and that I last saw h. alive on June 15 1943.

Immediate cause of death — Duration

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 9 Monument St Date signed 6/16/43

G 05383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10

Registered No. G 05383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1541 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MIMMIE B. LUCKETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife George Luckett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1873

8. AGE: Years	Months	Days	If less than one day
70	1	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Hall
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant George Luckett
(b) Address 1541 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemaley
(b) Address 578 W. Biddle St.

JUN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 13, 1943 at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1943 to June 13 1943 and that I last saw h-r alive on June 13 1943

Immediate cause of death: Chronic ulcerated hepatitis — Duration: 1 Yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Jelenko M.D.
Address 2529 Guilford Ave Date signed June 15-43

G 05384

BALTIMORE CITY HEALTH DEPARTMENT

MJ-82005 **CERTIFICATE OF DEATH** 1937

Registered No. G 05384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Drucellia, Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7, 1889

8. AGE: Years	Months	Days	If less than one day
54	2	8	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER 12. Name Zack Johnson (D)

13. Birthplace Virginia

MOTHER 14. Maiden Name Maraiah Battle

15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)

(c) Cemetery or crematory

Location Charlottesville, Va.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 578 W. Riddle St.

JUN 16 1943 (b) Huntington Williams M.D. Registrar

(Date received) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15- 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1943 to 6-15- 1943 and that I last saw h[illegible] alive on 6-15- 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	5 Days
Due to Hypertension C.V. disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rabbitan M.D.

Address Balto. City Hosp. Date signed 6-16-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 05385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 N. Caroline St.
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Gough St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas A. Kavanagh

3 (b) If veteran, name war	3 (c) Social Security Account No.
***	091-03-5207

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1879

8. AGE: Years	Months	Days	If less than one day
64	I	I	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Office Clerk
11. Industry or business Isthian Steamship Co,

MOTHER / FATHER
12. Name John Kavanagh
13. Birthplace Ireland
14. Maiden Name Elizabeth Kavanagh
15. Birthplace Ireland

16 (a) Informant Mr. John P. Kavanagh
(b) Address 1705 Gough St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd., Baltimore,

18 (a) Funeral director John A. Molan
(b) Address 3000 E. Baltimore St,

19 (a) JUN 16 1943 (Date rec'd by registrar) (b) Hunting for Williamsville

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 15 1943, and that I last saw h-- alive on June 15 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christiana J. Richter M. D.
Address St. Joseph's Hosp. Date signed 6/15/43

Approved by [illegible] M. D.

05386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles + Read sts
(c) Hospital or institution: Latrobe Apts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chas. + Read sts
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Wise Bosley

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. 212-10-3624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 26-1883

8. AGE: Years	Months	Days	If less than one day
60	0	18	____ hr. ____ min.

9. Birthplace Baltimore Co
(Town, county, and state)
10. Usual Occupation Retired Asst Supt + Treasurer
11. Industry or business Life Dispatch-Trade

FATHER
12. Name Wm A Bosley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorcas Ann Wise
15. Birthplace Balto Co

16 (a) Informant Mrs. Chas B. Bosley
(b) Address 710 Sheffield Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory St. James
Location Mt Olivet Md

18 (a) Funeral director Howard B. Mackenzie
(b) Address White Hall, Md

19 (a) JUN 16 1943 (Date rec'd by registrar) (b) Huntington Williamsport, Md. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943, to Jan 14 1943
and that I last saw him alive on May 15 1943

Immediate cause of death Cerebral Hemorrhage — Duration ____
Due to Arteriosclerosis + Hypertension
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature W. H. Peace M. D.
Address 2105 Charles St Date signed Jan 15/43

VS 1

G 05387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. G 05387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Bonaparte Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Bonaparte Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SANTO MAGGIO

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Anna (Ballasia)
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) abt 1877

8. AGE: Years	Months	Days	If less than one day
abt 66	—	—	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer - Retired
11. Industry or business

FATHER
12. Name Stefano Maggio
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Domina Maggio (Son)
(b) Address 3024 - Taylor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Back Road

18 (a) Funeral director George J. Pugh Inc
(b) Address 17 E. Hoffman Ave Huntington Williams, N.Y.

19 (a) JUN 16 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 10 20 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Carbon monoxide poisoning
Due to
Other Conditions Mental deficiency
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15-43 at 10 P. M.
(b) Where did injury occur? Home address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? Home
(d) Means of injury Asphyxia Gas

23. Signature H Z Wollenweber M.D.
Medical Examiner.
Date signed 6-16-43

VS 151

05388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-6

Registered No. G 05388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Paine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia G. Robinson 81040

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Harry T. Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1901

8. AGE: Years 41 | Months 10 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name William Sullivan
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Armstrong
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 18 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Spamden)
Location Baltimore, Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 JUN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1943, at 1:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 19 1943 to June 15 1943 and that I last saw h er alive on June 15 1943.

Immediate cause of death Pulmonary tuberculosis — **Duration** 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis I. Hertz M. D.
Address Balto City Hosp Date signed 6/15/43

G 05389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

✓ G 05389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Marx

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife: Joseph D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 1854

8. AGE: Years	Months	Days	If less than one day
89	0	23	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Preller
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Mr. Francis M. Marx
(b) Address 404 Regester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore. Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) (b)

JUN 17 1943

Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to June 14 1943, and that I last saw h[illegible] alive on June 13 1943.

	Duration
Immediate cause of death: Myocardial Degeneration	5 days
Due to: Nephritis	1 yrs
Due to: Arteriosclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. Schumeyer M. D.
Address 9858 Dayton Rd Date signed 6/16/43

G 05390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G 05390 Registered No. 1062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairmount & Broadway
(c) Hospital or institution: Church Home and Infirmary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town RURAL Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. Sparks Maryland (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Miss Mary Crowther

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1900

8. AGE: Years	Months	Days	If less than one day
43	5 4	13	— hr. — min.

9. Birthplace Sparks, Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name J. W. Crowther
13. Birthplace Sparks, Maryland

MOTHER
14. Maiden Name Mollie Chilcoat
15. Birthplace Sparks, Maryland

16 (a) Informant Mrs. J. D. Virdin
(b) Address 1120 Saint Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 18 43 (month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Butler, Md.

18 (a) Funeral director H. N. Meyers Son
(b) Address 805 N. Calvert St.

19 (a) — (b) Huntingdon Williams, M.D.

JUN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943 at 5-20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1943 to June 16 1943 and that I last saw her alive on June 15 1943

Immediate cause of death Cardio-respiratory failure — Duration: 3 wks

Due to Cardiac failure — Duration: 20 yrs

Due to Bronchiectasis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M.
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E. L. Andrez-Murias M.D.
Address Church Home & Infirmary Date signed 6/18/43

G 05391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05391 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave.
(c) Hospital or institution: St Agnes Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 N. Barry (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Russia

3 (a) FULL NAME Nicholas Semocky

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-530

4. Sex Male **5. Color or race** White **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-83

8. AGE: Years 59 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Meat Cutter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Martha Semocky
(b) Address 1042 N. Barry St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Kaminski
(b) Address 605 W Lexington St

19 (a) (Date rec'd by registrar) **(b)** Wilson M.D.

JUN 17 1943 Lexington

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1943 to June 15 1943 and that I last saw him alive on June 15 1943.

Immediate cause of death Cerebral hemorrhage — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Kathryn Lonberg

Address St. Agnes Hosp. Date signed 6/15/43

G 05392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3444 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 N. Carolina St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Simon Wenei

13. Birthplace Russia

MOTHER 14. Maiden Name Fanny

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (month) (day) (year)

(c) Cemetery or crematory Wash. Rd.

Location Tulpehocken Spring Rd.

18 (a) Funeral director Jack Levin Son

(b) Address 1439 E. Balto St

19 (a) Huntington Williams (Signature of local registrar)

JUN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1943, at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1943 to 6/16 1943, and that I last saw her alive on 6/15 1943.

Immediate cause of death: Cerebral Embolism — Duration: 10 Min

Due to: Rheumatic Heart Disease — 30 yrs

Due to:

Other Conditions: Auricular Fibrillation (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Moses L. Shiling

Address 2352 Eutaw Pl Date signed 6/17/43

Moses L. SHILING

G 05393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G 05393 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2233 Eastern Pl
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Eastern Pl (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Hoff.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day: hr. min.

9. Birthplace Lith (town, county, and state)

10. Usual Occupation Home
11. Industry or business Work

FATHER
12. Name Abner Hoff
13. Birthplace Lith

MOTHER
14. Maiden Name Lizzie Walter
15. Birthplace Lith

16 (a) Informant Sarah H. Rand
(b) Address 2233 Eastern Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Herring Run
Location Mikro Kirkside

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) [illegible] Huntington Williams, M.D. Registrar

JUN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1943, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to June 14, 1943.
and that I last saw h alive on June 14, 1943.

Immediate cause of death: Acute coronary occlusion — Duration
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney D. Levy M.D.
Address 2322 Eastern Place Date signed 6/15/43

05394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

G 05394
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1649 N Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1649 N Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Fine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1895

8. AGE: Years: 48 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation:
11. Industry or business: House Work

FATHER
12. Name: Naftila Egorin
13. Birthplace: Russia

MOTHER
14. Maiden Name: Goldie Dichefsky
15. Birthplace: Russia

16 (a) Informant: Edith Fine
(b) Address: 1649 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1943 (month) (day) (year)
(c) Cemetery or crematory: Workmen Circle Cemetery
Location: German Hill Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) (Date rec'd) Registrar
Address: Baltimore, Md.

VS JUN 18 1943

MEDICAL CERTIFICATION

9.30

20. DATE OF DEATH: June 16, 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to June 16 1943.
and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death: Sarcoma of uterus — Duration: 6 mos

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: Dec. 1942

Major findings of operation: Sarcoma of uterus —

Autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: M. Fellerman M.D.
Address: 2310 Eutaw Pl Date signed: 6/16/43

G 05395 ✓ G 05395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Gilgwith Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Gilgwith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie May Irwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Lou

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1875

8. AGE: Years 67 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Snappe, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Cabel Griffin
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Hebby
15. Birthplace Maryland

16 (a) Informant William J. Irwin
(b) Address 1416 Gilgwith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1811 St. Paul Street

JUN 17 1943 (b)
(Date rec'd by registrar) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 7.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1943 to 6/15 1943, and that I last saw her alive on 6/15 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardio Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration Unknown ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph L. Blum M. D.

Address 1206 E. Preston St. Date signed 6/16/43

G 05396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 05396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo, 2da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6310 York Road
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Frederick Christian KELLER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	(M) Separated

6 (b) Name of husband or wife Loretta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17-1902

8. AGE: Years	Months	Days	If less than one day
41	3	29	hr. min.

9. Birthplace Lima, OHIO (town, county, and state)
10. Usual Occupation Lineman
11. Industry or business Electrical

FATHER
12. Name George Michael KELLER (D)
13. Birthplace GERMANY

MOTHER
14. Maiden Name Marie GUNTHER (D)
15. Birthplace Switzerland

16 (a) Informant Mary Martha Keller
(b) Address 5th Winston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 17 1943 (Date received by registrar) (b) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1943 at 2:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 16 1943 and that I last saw him alive on June 16 1943

Immediate cause of death: CARDIORESPIRATORY FAILURE — Duration: 10 da.
Due to BRAIN ABSCESS & RUPTURE — 4 da.
Due to LUNG ABSCESS SECONDARY TO PNEUMONIA — 5 wks
Other Conditions — 10 wks.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address 33rd Street Date signed 6/18/43

G 05397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2835 Harlem Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2835 Harlem Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie M. Gude

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 1878

8. AGE: Years: 64 | Months: 7 | Days: | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: William Hagner
13. Birthplace: Maryland

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Julius J. Gude
(b) Address: 2810 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19, 1943 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: William Cook, Inc.
(b) Address: 1319 St. Paul Street

19 (a) JUN 18 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1943 19 at 2:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9th 1943 to June 16th 1943. and that I last saw her alive on June 15th 1943.

Immediate cause of death: Arteriosclerosis — Duration: 1 yr.
Due to: Chr. nephritis — 12 yrs.
Due to:
Other Conditions: Apoplexy Cerebral — 12 hours.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. [illegible] M. D.
Address: 1136 Park Ave. Date signed: 6/16/43

05398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05398

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Ashland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beatrice Rosa Osborne.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Leslie Osborne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1898

8. AGE: Years	Months	Days	If less than one day
44	9	26	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name — Still
13. Birthplace Unknown.

MOTHER
14. Maiden Name Rosa —
15. Birthplace Unknown.

16 (a) Informant Joseph R. Wright
(b) Address 1710 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park Location

18 (a) Funeral director Joseph L. Conway
(b) Address 804 E. Carlisle, St

19 (a) JUN 17 1943 (Date received by Registrar) Registrar
(b) Washington Hollow, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943 to June 14 1943. and that I last saw h[illegible] alive on June 13 1943.

Immediate cause of death
Aortic Aneurysm
(Probable Rupture)
Due to
Due to
Other Conditions Nephritis and Hypertension
(Include pregnancy within 3 months of death)

Duration
Between onset and death 3 hrs.

Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph F. Young
Address 1429 E Monument Date signed 6/13/43

05399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

G 05399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 673 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Wolfe

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie L. Wolfe
6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Apr 24. 1864

8. AGE: Years 79 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Retired Druggist

11. Industry or business:

FATHER
12. Name: George H. Wolfe
13. Birthplace: Frederick Md.

MOTHER
14. Maiden Name: Mollie Neagey
15. Birthplace: Ga.

16 (a) Informant: Marie L. Wolfe
(b) Address: 673 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Md

18 (a) Funeral director: Mr. Mrs. John H. Triefel & Son
(b) Address: 801 W. Fayette St

19 (a) (Date received by registrar) (b) Registrar

JUN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 5.A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to June 15 1943 and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death: Acute Cardiac Dilitation — Duration: 3 days
Due to: Cardio-vascular degen. — 2
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Glassman M. D.
Address: 753 W. Fayette St Date signed: June 17 1943

3

G 05400

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 94a

G 05400 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5214 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Lancaster
(c) City or town Ephrata
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 main St. W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Carl Brendle

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Kathryn V

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 6, 1900

8. AGE: Years 43 | Months 1 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert E. Brendle
13. Birthplace Pa.

MOTHER
14. Maiden Name Lizzie Herring
15. Birthplace Pa

16 (a) Informant Cathrin V. Brendle
(b) Address 2255 N. Mole St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 19 43 (month) (day) (year)
(c) Cemetery or crematory Denver
Location Denver Pa

18 (a) Funeral director Leonard J. Krack
(b) Address 5305 Harford Road

19 (a) JUN 17 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1943, at 5:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallin M.D.
Medical Examiner.
Date signed 6-[illegible]-43

VS 181

G 05401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No. G 05401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2631 Garrett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Harrison Morris

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-22-7879

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Alice Bogh

6 (c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): May 5.1910

8. AGE: Years 33 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Salt Lake City Utah (Town, county, and state)

10. Usual Occupation: Accounting clerk

11. Industry or business: Glenn L. Martin Co.

FATHER
12. Name: George V. Morris
13. Birthplace: Utah

MOTHER
14. Maiden Name: Flora M. Forster
15. Birthplace: Utah

16 (a) Informant: Mr. Leslie L. Larson
(b) Address: 3444 Erdman Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 17.43 (month) (day) (year)
(c) Cemetery or crematory: Salt Lake City Cem.
Location: Utah

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway

19 (a) JUN 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 1 30 A M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Crushed head and throat

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June at M.
(b) Where did injury occur? Calvert St under Orleans St Viaduct
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
(d) Means of injury Fell Fr Orleans St Viaduct

23. Signature Robert L. Fenton M.D. Medical Examiner
Date signed June 15 1943

(Over)

VS 151

G 05402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. G 05402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1452 Riverside Ave
(c) Hospital or institution: Mercy Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1452 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Lingner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1943

8. AGE: Years	Months	Days	If less than one day
	5	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name John J. Lingner
13. Birthplace Md.

MOTHER
14. Maiden Name Anna M. Kirschner
15. Birthplace Baltimore Md.

16 (a) Informant Anna M. Kirschner
(b) Address 1452 Riverside Ave City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery or crematory Schwartzbach Cem
Location Bonnegee Pk.

18 (a) Funeral director D. J. Lahey & Sons
(b) Address 1618 Light St.

JUN 17 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943 at 4:51 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 19 42 to 19 , and that I last saw h 14 alive on June 17 1943.

Immediate cause of death Respiratory failure. — Duration

Due to Atelectasis Spontaneous semi birth — Since birth.

Due to Bronchiectasis and Sepsis. — 5 days.

Other Conditions Epilepsy Congenital and Hydrocephalus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert J. Berry M.D.

Address Mercy Hospital Date signed 6/17/43

G 05403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 9 mos. 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Albemarle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Laruso

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1870

8. AGE: Years	Months	Days	If less than one day
69 yrs.	8	27	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Rocco
13. Birthplace Italy

MOTHER
14. Maiden Name Mamie ?
15. Birthplace Italy

16 (a) Informant BALTIMORE CITY HOSPITALS (RECORDS)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 15 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd
18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1314 Light St.
19 (a) 6-17-1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-43 19 . at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1941 to 6-11 1943 and that I last saw h[illegible] alive on 6-11 1943

Immediate cause of death: Cardiac failure — Duration: ?
Due to: Hypertensive C.V.D.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 6-17-43

G 05404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05404 Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs. 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 W. Biddle Street (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

17 1

3 (a) FULL NAME HARRY TAYLOR

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1895

8. AGE: Years	Months	Days	If less than one day
47	5	16	hr. min.

9. Birthplace Waverly, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed ??

FATHER
12. Name John Taylor
13. Birthplace

MOTHER
14. Maiden Name Charlotte Hall
15. Birthplace

16 (a) Informant Records, U.S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) [illegible] Huntington W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1943, at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1943, to June 14, 1943, and that I last saw him alive on June 14, 1943.

Immediate cause of death: Advanced arteriosclerotic cardio vascular renal disease — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury -
23. Signature C. O. Bray
Address Baltimore, Md. Date signed 6/16/43 M. D.

VS 189 VA-13505

G 05405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 05405 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 26 NORTH SMALLWOOD STREET.
(c) Hospital or institution: NONE
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE. Joyce

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town CITY OF BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. SMALLWOOD STREET. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME HONORAH A. MANNION.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 2nd 66

8. AGE: Years	Months	Days	If less than one day
77	4	13	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home.

FATHER
12. Name John Mannion
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Parsons
15. Birthplace Ireland

16 (a) Informant Mrs Mary A Kay
(b) Address 26 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 old Frederick Rd

18 (a) Funeral director John F Conway & Son
(b) Address 90 Hollins Street

19 JUN 17 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 15 1943 19 at 11.8 M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 12 1943. to JUNE 15 1943. and that I last saw h. er alive on JUNE 15 1943.

Immediate cause of death	Duration
CARCINOMIA OF LIVER APRIL 12 1943.	
Due to METASTASIS FROM LEFT BREAST	1942.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation
of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Mannion
Address 3013 ST PAUL STREET Date signed JUNE 15 1943

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of contributory causes should be added if they will assist in making the correct age is especially important.

G 05406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 05406

157W

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Aisquith
(c) Hospital or institution:
Church Home Hospital 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town ~~Baltimore~~ Harewood Park
(If outside city or town limits write RURAL and give town)
(d) Street No. Penwood Terr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Gandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1943

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jack Earl Gandy
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Mackey
15. Birthplace Ohio

16 (a) Informant Admission History
(b) Address Church Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 18 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Synd

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (b)
(Date received by Local Registrar) Registrar

JUN 17 1943 Deputy for Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1943, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 19 , to June 16 1943, and that I last saw h alive on June 16 1943.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Hydrocephalus

Due to

Other Conditions Spina Bifida

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. P. Ritchings M. D.

Address Church Home Hospital Date signed 6/17/43

G 05407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05407
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Poplar Grove
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADELE SLAVINSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2/43

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Kevin A. Slavinsky
13. Birthplace Baltimore

MOTHER
14. Maiden Name Adele Szostowski
15. Birthplace Baltimore

16 (a) Informant Adele Slavinsky
(b) Address 921 Poplar Grove St.

17 (a) Burial (b) Date thereof June 17/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) JUN 17 1943
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 2:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Aspiration of vomitus

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15-43 at M.
(b) Where did injury occur? at home address
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury asphyxiation

23. Signature H. J. Williamson M.D.
Medical Examiner.
Date signed 6-16-43

VS 181

C 05408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 05408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Kenny Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Newport (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NOVELL B. SANDERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1915

8. AGE: Years 28 | Months 4 | Days — | If less than one day hr. min.

9. Birthplace NEWPORT VA (Town, county, and state)

10. Usual Occupation SOLDIER

11. Industry or business Soldier

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Viola —
15. Birthplace Unknown

16 (a) Informant Service record
(b) Address Fort George G. Meade Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/17/43 (month) (day) (year)
(c) Cemetery or crematory
Location Blacksburg Va

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road Williams Funeral Home

19 (a) JUN 17 1943 (Registered) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Crushing of head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15-43 at 9:30 A.M.
(b) Where did injury occur? In front of Barracks 3 Fort Meade
(c) Did injury occur at home, on farm, industrial place, in public place? Barracks While at work? No
(d) Means of injury Jumped from third floor window to ground

Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 6-16-43

VS 151

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05409 G 05409

MJ-81444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No.

ERASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Av.
(c) Hospital or institution:
BALTIMO[illegible] CITY [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2a yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 182 S. Caroline st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abrahem Blue

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May [illegible], 88?

8. AGE: Years	Months	Days	If less than one day
60	0	11 21	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Works for self

FATHER
12. Name Wento Blue
13. Birthplace Jenaci

MOTHER
14. Maiden Name Katie Saturan
15. Birthplace ?

16 (a) Informant [illegible]
(b) Address (Number)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert W. Williams
(b) Address 1515 McElderry st.

19 (a) Date received JUN 18 1943 (b) Registrar Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1943, at 11 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1943, to 6-14 1943.
and that I last saw h[illegible] alive on 6-14 1943.

Immediate cause of death	Duration
Emphysema	?
Cardiac failure	?
Due to Hypertension C. V. disease	1
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. K. Rattbun M. D.
Address Balto. City Hosp Date signed 6-16-43

G 05410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106C

Registered No. G 05410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Force

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1868

8. AGE: Years	Months	Days	If less than one day
75	3	9	hr. min.

9. Birthplace Washington D.C. (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Moses Force
13. Birthplace Canada

MOTHER 14. Maiden Name Peggy O'Neill
15. Birthplace Ireland

16 (a) Informant Mrs C. Roth
(b) Address 1814 Woodside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery or crematory St Augustine
Location Elkridge Md

18 (a) Funeral director Thos F Eppy
(b) Address 1600 Eutaw Pl

19 JUN 17 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1943 at 4:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943 to June 16 1943 and that I last saw h[illegible] alive on June 16 1943

Immediate cause of death Myocardial failure — Duration 2 days

Due to Hypostatic pneumonia — 16 days

Due to

Other Conditions (over)

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Brennan M. D.
Address Date signed

VS 150

G 05411

05411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1542 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-2
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John R. Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie L. Hamilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1881

8. AGE: Years 62 | Months — | Days 5 | If less than one day: hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Retired B. & O. R. R.

11. Industry or business Yard Conductor

FATHER
12. Name John O. Hamilton
13. Birthplace Don't know

MOTHER
14. Maiden Name Caroline (?)
15. Birthplace Don't know

16 (a) Informant Mrs. Nellie L. Hamilton
(b) Address 1542 Light St. (Wife)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 N. Charles St.

19 JUN 17 1943 (Date received by Reg. Dist.) Washington Williamson, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1943 at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1941 to June 16 1943, and that I last saw h[illegible] alive on June 16 1943

Immediate cause of death: Coronary thrombosis

Due to: Hypertension

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trumbo, M.D.

Address 1111 Fee Date signed 6/17/43

05412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1314

Registered No. 05412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Jersey City (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Edge Ave (If rural give location)
(e) Citizen of foreign country Edge (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No. ←

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) ? - - 1894

8. AGE: Years	Months	Days	If less than one day
49 48	—	—	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Viola Burton
(b) Address 11 Edge Ave Jersey City N J

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) JUN 17 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at 12 05 PM

21. I certify that I took charge of the remains described above, held an Inquestion thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular - renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 14 1943

VS 151

436440
G 05413

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 05413 Registered No.
CERTIFICATE OF DEATH 39c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Rural. Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. Wm Beldon farm Upton Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Smithyman
3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-23-37
8. AGE: Years 5 | Months 6 | Days 24 | If less than one day hr. min. 5 1/2
9. Birthplace Wise (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Milton Smithyman
13. Birthplace Wise

MOTHER
14. Maiden Name Catherine Ebert
15. Birthplace Md.

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-1943 (month) (day) (year)
(c) Cemetery Glen Haven
Location Glen Burnie 4.2.6. Md.

18 (a) Funeral director Wm Geary Cook Inc
(b) Address 124 E. Read St Huntington Williams, Mgr

19 JUN 18 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June-17- 1943 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June-16 1943 to June-17 1943, and that I last saw h er alive on June-17 1943.

Immediate cause of death Tick Bite Fever — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius G. Troppas
Address Johns Hopkins Hospital Date signed 6-19-43

VS 150

G 05414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. G 05414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 E.35th.Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 E.35th.Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate R.Menecke

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John C.Menecke Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27,1862

8. AGE: Years 80 | Months 11 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles Streeper
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Amanda Lyons
15. Birthplace Balto.Md.

16 (a) Informant Miss Minnie Menecke
(b) Address 1707 E.35th.Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Balto.Md.

18 (a) Funeral director Philip Stewart Sons
(b) Address 2024 Orleans Street

19 JUN 16 1943 Filed by Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th/43 19 , at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943, to June 15 1943, and that I last saw her alive on June 14 1943.

Immediate cause of death: Carcinomatosis — Duration: 3 months

Due to: Carcinoma of the bladder — 2 yrs.

Due to:

Other Conditions: Cystitis. Sclerosis generalized
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman L. Menecke M. D.

Address 710 E. Preston Str. Date signed 6/17/43

Dr. Richardson 112 W. 25th St. Hair 1360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05415 Registered No.

G 05415

131 N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1906 Hope st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1906 Hope st (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Alice Parks

3 (b) If veteran, name war: M

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: James S. Parks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14th 1859

8. AGE: Years 84 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace Liverpool Pa (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At home

FATHER

12. Name Jacob Funk

13. Birthplace Pa

MOTHER

14. Maiden Name Nancy Kane

15. Birthplace Pa.

16 (a) Informant John H. Parks

(b) Address 533 W. 27th St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/14/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mount Carmel Park

Location Parkville Md.

18 (a) Funeral director William Cook Sons

(b) Address 121 St. Paul St

19 (c) JUN 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1933 to June 16 1943 and that I last saw h~~e~~ alive on June 6 1943

Immediate cause of death: Chronic Nephritis

Duration: Many yrs

Due to

Due to

Other Conditions: Arteriosclerosis

Operation: (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M.D.

Address 113 W. 25th St Date signed June 17 43

VS 150

G 05416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1310

G 05416 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 N. Gay Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine C. Zink

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Urban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 3, 1866

8. AGE: Years 77 | Months 4 | Days 3 13 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael McMahon
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs John A. Zink
(b) Address 1532 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore, Maryland

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) JUN 18 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1943, at 4:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-1943 to 6-16-1943 and that I last saw her alive on 6-15-1943.

Immediate cause of death
Chronic cardio-vascular-renal disease
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration: Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Taylor M. D.
Address 2802 Harford Rd Date signed 6-16-43

VS 180

G 05417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1700

Registered No. G 05417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Westwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE COBB

3 (b) If veteran, name war: World #1

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Pauline

6 (c) If alive, give age 188 years

7. Birth date of deceased (mo., day, yr.) Dec 30 [illegible]

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	6	17		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Asst Engineer

11. Industry or business City Parks

FATHER
12. Name Charles Cobb
13. Birthplace Selma Ala

MOTHER
14. Maiden Name Katherine Palmer
15. Birthplace Md

16 (a) Informant Charles Cobb
(b) Address 1142 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Thirkuhn Cockey
(b) Address 1 W Saratoga St

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest — Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-16-43 at 9 30 M
(c) Where did injury occur? 33rd St & Edmondson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Auto collided with tree

23. Signature A. J. Wallenmeyer M.D. Medical Examiner.
Date signed 6-17-43

VS 6

G 05418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05418

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution: Lyndenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Vancleburg Lewis Co Ky (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sue Diamond

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1926

8. AGE: Years 17 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace Logan Co. W. Virginia (town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name David S. Diamond
13. Birthplace Louisa, Kentucky

MOTHER
14. Maiden Name Sarah Crank
15. Birthplace Louisa, Kentucky

16 (a) Informant Father
(b) Address 1904 N. Linden Ave, Balto

17 (a) Removal (Burial, cremation, removal) (b) Date thereof 6-18-43 (month) (day) (year)
(c) Cemetery or crematory Vancleburg Lewis Co Ky
Location Ky

18 (a) Funeral director Robert L. Brooks
(b) Address 1338 Hollins St

19 (a) JUN 18 1943 (b) Huntington, W. Va. (Filed) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1943, at 3D A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1943 to 6/17 1943, and that I last saw her alive on 6/17 1943.

Immediate cause of death: Measles Encephalitis — Duration: 10 days.

Due to following attack

Due to Regular Measles — Duration: 5 days.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Lyndenham Hosp. Date signed 6/17

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

G 05419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G 05419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Eden St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced -

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/14/1910

8. AGE: Years 33 | Months 1 | Days - | If less than one day hr min

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Shipyard Worker

11. Industry or business

FATHER 12. Name Jas. D. Walker

13. Birthplace N.C.

MOTHER 14. Maiden Name Cora Sharp

15. Birthplace Baltimore, Md.

16 (a) Informant Dorothy Nelson (Sister)

(b) Address 794 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem'l Park

Location Baltimore County, Md.

18 (a) Funeral director Charles G. Cooper

(b) Address 514 N. Calhoun St.

19 (a) (Date rec'd by registrar) JUN 18 1943 (b) Burlington Undertaking Co.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due
* 2nd & 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury June 14 1943 at 3A M

(b) Where did injury occur? 216 Colvin St.

(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No

(d) Means of injury Bed caught on fire

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed June 15 1943

Ogier

G 05420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Rosalie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma M Ogier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Michael H.
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1904

8. AGE: Years	Months	Days	If less than one day
38	9	15	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Nicholas Hobinger
13. Birthplace Md

MOTHER
14. Maiden Name Ida Behr
15. Birthplace Md

16 (a) Informant Michael H. Ogier
(b) Address 2816 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Brady
(b) Address 5305 Harford Rd.

19 (a) JUN 18 1943 (b) Huntington Williams, M.D.
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1943 to 6-17 1943 and that I last saw h alive on 6-2 1943

Immediate cause of death: Adhesive Arachnoiditis — Duration: 6 Mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 2-24-43

Major findings of operation: Chronic ADHESIVE ARACHNOIDITIS

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4308 Harford Date signed

G 05421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G 05421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 N. Exeter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
38			hr min.

9. Birthplace Weldon, N. C
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Davis
15. Birthplace N. C.

16 (a) Informant Lula Jones
(b) Address 253 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location —

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Pratt

19 (a) JUN 18 1943 (Date received by local registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14- 1943, at 12 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Paralysis of Respiratory Centre
Laceration of Spinal Cord
Due to Fractured 3rd & 3rd Cervical
vertebrae (broken neck)

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/12/43 at 2 P. M.
(b) Where did injury occur? 253 N. Exeter Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fall from a window

23. Signature Howard J. Malkin M.D.
Medical Examiner.
Date signed 6-14-43

54223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 05422
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 S. Bethel St.
(c) Hospital or institution: Home 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 S Bethel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Thomas or Domaszewski

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) 1861
8. AGE: Years 82 | Months | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Car inspector
11. Industry or business

FATHER
12. Name Walenty
13. Birthplace Poland

MOTHER
14. Maiden Name Kazmorska
15. Birthplace

16 (a) Informant Michael J Thomas
(b) Address 922 S. Curley St.

17 (a) B- (burial, cremation, or removal) (b) Date thereof June 19-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germans Mill Rd.

18 (a) Funeral director John J. Linday
(b) Address 2209 Eastern Ave.

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943 at 10:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 16 1943 and that I last saw him alive on June 16 1943

	Duration
Immediate cause of death: GENERALIZED ARTERIO-SCLEROSIS	??
Due to:	
Due to:	
Other Conditions: TERMINAL BRONCHO PNEUMONIA (Include pregnancy within 3 months of death)	3 DAYS

Major findings:
Of operations: NONE
Of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Dunga, M.D.
Address 209 Eastern Ave Date signed 6/16/43

5423 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G 05423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 Elliott St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Elliott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Chronowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jan Bishup
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Peter Chronowski
(b) Address 2836 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St. Huntingtown Williamsport, Md.

19 JUN 18 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to June 16 1943, and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death	Duration
Coronary Occlusion	6/14/43
Due to Chr. Myocarditis	6/2/43
Due to Cirrhosis of Liver	1941
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Gorman M. D.
Address 801 6 Kenwood Ave Date signed 6/17/43

VS 3

05424 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05424

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2822 Hudson St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Hudson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Groka

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant anna Jaquelska
(b) Address 2822 Hudson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave.

18 (a) Funeral director John J. Nicola
(b) Address 2829 Hudson St

19 (a) 6-18-1943 (Date rec'd by registrar) Huntington Williams, M.D. Address 1802 Eastern Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 16 1943 and that I last saw him alive on June 16 1943.

Immediate cause of death	Duration
Hemiplegia	2 wks.
Due to Chronic myocarditis	5 yrs.
Due to Hypertension	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Fegenbush M.D.
Address 1802 Eastern Ave Date signed 6-19-43

VS 8

5425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05425
Registered No.

Please write plainly and use ink. Cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. Kenwood Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Answer Yes or No)
If yes, name country

3 (a) FULL NAME Antonina Szeligo

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jan - Dec.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation
11. Industry or business none

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Wojda
15. Birthplace

16 (a) Informant Henry Szeligo
(b) Address 915 S Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Dorman Hill Rd

18 (a) Funeral director John J. Duda
(b) Address 2429 Hudson St Huntington Station, Md.

JUN 18 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1938 to June 16 1943, and that I last saw Deceased alive on June 16 1943.

	Duration
Immediate cause of death: Hypostatic Arteriosclerotic C.V. Disease	6-38
Cerebral Hemorrhage	6-38
Due to: Myocardial Failure	6-1-43
Ganglion of Left Eye	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eschenmunk M. D.
Address 842 E. Eager Ave Date signed 6-17-43

VS 3

G 05426

VA 81924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 05426
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2756 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Primicerio (Helen B. Primicerio)

3 (b) If veteran, name war --
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1872

8. AGE: Years	Months	Days	If less than one day
71	2	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Francis A. Primicerio
13. Birthplace not known

MOTHER
14. Maiden Name Ellen C. Bishop
15. Birthplace not known

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) [illegible] Registrar

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1943 to 6-17 1943 and that I last saw her alive on 6-17 1943

Immediate cause of death: Cerebral hemorrhage — Duration ?
Due to Hypertension C.V. Lesions — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. K. Pathikan M. D.
Address Balto City Hosp Date signed 6-17-43

Washington Williams, M.D.

G 05427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82 Registered No. G 05427

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Banger
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Lakeland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Banger at (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9135

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Hilda a

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Oct 10-1901

8. AGE: Years	Months	Days	If less than one day
41	8	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Chauffer.

11. Industry or business

FATHER
12. Name Charles Wolf
13. Birthplace Md

MOTHER
14. Maiden Name Florence Bennett
15. Birthplace Md

16 (a) Informant Mrs Hilda a Wolf
(b) Address 2401 Banger

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Wilhelm M Mareck
(b) Address 715 Light St

19 JUN 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 4 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 19 to June 15 1943, and that I last saw him alive on June 12 1943.

Immediate cause of death: Cerebral Spinal Meningitis Duration: 4 mo. 7 days
Due to: Paralysis 4 mo
Due to: Septicemia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R S Adams
Address 2408 Hollins Ferry Rd Date signed 6/15/43 M. D.

G 05428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-74767 48B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo., 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Chambly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1880

8. AGE: Years	Months	Days	If less than one day
62	9	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name David Chambly
13. Birthplace ?

MOTHER
14. Maiden Name Leona Perie
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (City or Town)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Robert S. Tuttle
(b) Address 2700 Edmondson Ave

19 JUN 18 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1943, at 10 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1943, to 6-17 1943, and that I last saw her alive on 6-17 1943.

Immediate cause of death Carcinomatosis — Duration ?

Due to Carcinoma of fundus of uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-18-43

VS 150

G 05429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3825 Philadelphia Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Philadelphia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Priller Ilgenfritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Ilgenfritz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6th. 1879

8. AGE: Years	Months	Days	If less than one day
63	9 10	9	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Friskey
13. Birthplace Baltimore Co. Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Co. Maryland

16 (a) Informant Mr. Charles Ilgenfritz
(b) Address 3825 Philadelphia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Maryland

18 (a) Funeral director Loseth Funeral Home
(b) Address 7401 Belair Road

19 JUN 18 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th. 1943. at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1943 to 6-15 1943
and that I last saw h alive on 6-15 1943

Immediate cause of death Cerebral Hemorrhage 1 Hr.

Due to Coronary Occlusion 2 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Loose, M.D.
Address 2530 E. Fallsway Date signed 6/16/43

VS 8

G 05430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

Registered No. G 05430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4209 Parkwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 Parkwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGERETHA HELLEMANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife Charles Hellemann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1859

8. AGE: Years	Months	Days	If less than one day
83	8	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Scheidler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Henry F. Hellemann
(b) Address 4410 Woodlea Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cem.
Location Balto., Md.

18 (a) Funeral director Loudenslager Funeral Home
(b) Address 7401 Belair Road Huntington Williams, M.D.

JUN 18 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1943, at 5:50AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943, to June 17 1943, and that I last saw her alive on June 16 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Ch Hypertension
Due to: Arterio Sclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J S Harding M. D.
Address 4516 Belair Rd Date signed 6/17/43

VS 8

05431 436260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 D

Registered No. G 05431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Colvin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Shanklin

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-85

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	11	11		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Helen Thomas
(b) Address 498 L. St S.W. Wash. D.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 JUN 18 1943 (Date filed by registrar) (b) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 15 1943 and that I last saw him alive on June 15 1943.

Immediate cause of death Respiratory failure — Duration

Due to ? vascular accident

Due to Ectatic Aortic insuff arteriosclerotic C-V. disease

Other Conditions bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M.D.
Address J.H.H. Date signed 6-15-43

G 05432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05432

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelmina A. Russ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Carl F. Russ

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 - 1859

8. AGE: Years 84 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

MOTHER / FATHER

12. Name Unknown.

13. Birthplace Germany

14. Maiden Name Unknown.

15. Birthplace Germany.

16 (a) Informant Mrs. C. DeFontes

(b) Address 2122 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (month) (day) (year)

(c) Cemetery or crematory Ind. Olive.

Location Randallstown Ind.

18 (a) Funeral director Isaac Co. Lyfer

(b) Address 1600 N. North Ave.

19 (a) JUN 18 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 - 1943. at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1943. to June 16 1943. and that I last saw her alive on June 16 1943.

Immediate cause of death Influenza & Broncho Pneumonia — Duration 6 days.

Due to

Due to

Other Conditions General Arteriosclerosis and Arterial Hypertension — Duration 2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Rosenberg

Address 2025 E North Ave Date signed 6/17/43

VS 8

G 05433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12/a

G 05433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 S Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMELIA CHRISTINA BUTZNER

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George Butzner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 4. 1883
8. AGE: Years 60 | Months 1 | Days 13 | If less than one day hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Schweniger
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Baltimore Md

16 (a) Informant: Mr Frederick Jones
(b) Address: 1015 S Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/43 (month) (day) (year)
(c) Cemetery or crematory: Schwenig
Location: Baltimore Md

18 (a) Funeral director: Nelson & Joe
(b) Address: 1219 S Paul St

19 (Date rec'd by registrar) JUN 18 1943 Registrar: Huntington Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic interstitial nephritis - arteriosclerotic
Due to
Other Conditions Hg
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 6-18-43

No. 05434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Decatur St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Decatur St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WARD

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	married

6 (b) Name of husband or wife Anna Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/29/1886

8. AGE: Years	Months	Days	If less than one day
56	11	16	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Stationary Engineer
11. Industry or business Phila. Gas Co.

FATHER
12. Name John Ward
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Reuter
15. Birthplace Md -

16 (a) Informant Edna Ward
(b) Address 1436 Decatur St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/9/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Frederick Rd

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenmeyer M.D.
Medical Examiner.
Date signed 6-16-43

C 05435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 05435

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Rogers Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Louise Cullum

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Elmer M. Cullum
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) June 6, 1887
8. AGE: Years 56 Months — Days 10 If less than one day hr. min.
9. Birthplace Randalstown, Balto Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Frank
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Elmer M. Cullum
(b) Address Rogers Ave. Ellicott City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland, Howard Co.
18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md.
19 (a) JUN 18 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 4.15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943, to June 16 1943, and that I last saw her alive on June 16 1943.

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertensive cardiovascular disease
Due to:
Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation: 0
Major findings of operation: 0
of autopsy: 0

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. H. Townshend Jr. M. D.
Address Emergency Hospital Date signed 16-6-43

VS 3

B

G 05436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05436

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 E. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. A. Barnes.

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Marian L. Barnes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 15, 1879
8. AGE: Years 64 Months 4 Days 0 If less than one day hr. min.
9. Birthplace Chaney, Md (Town, county, and state)
10. Usual Occupation Cook (Unemployed)
11. Industry or business

FATHER
12. Name Jacob Barnes
13. Birthplace Md

MOTHER
14. Maiden Name Mary Woods
15. Birthplace Md

16 (a) Informant Marian L Barnes
(b) Address 1404 E. Preston St.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory St. Charles M.E.
Location Chaney, Md.
18 (a) Funeral director Robert H. Young
(b) Address 804 W Caroline St
19 (a) JUN 18 1943 (Date filed) (b) Williams, M.D. Registrar

VS 126

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 8.55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to June 15 1943. and that I last saw him alive on June 15 1943.

Immediate cause of death: Carcinoma Prostate — Duration 1 Yrs Mos.
Due to:
Due to:
Other Conditions: Urinary Insemia
(Include pregnancy within 3 months of death)
Date of operation April 1943
Major findings of operation: Carcinoma Prostate & Metastasis
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young
Address 4 24 E. Monument St. Date signed 6/16/43

G 05457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

G 05437
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Eaton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH S. RHODES

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 227-03-6221

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nella Rhodes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1893

8. AGE: Years 50 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Charles A Rhodes
13. Birthplace Pa.

MOTHER
14. Maiden Name Julia Gentry
15. Birthplace Va.

16 (a) Informant Nella Rhodes
(b) Address 630 S. Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-43 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Luth. Cem.
Location New Market, Va.

18 (a) Funeral director John G. Miller
(b) Address 2234 Jefferson Pl.

19. (a) JUN 18 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 6:25 a.m.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Peritonitis, acute

Due to Rupture of bladder

Other Conditions Crushing of

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-18-43 at 12:10 a.m. 25/6
(b) Where did injury occur? Bethlehem Fairfield
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Crushed between railroad car and platform

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 6-18-43

VS 181

G 05438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 05438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5724 Clover Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5724 Clover Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine M. Schiavone,

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph A. Schiavone

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1883

8. AGE: Years 59 | Months 6 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife,

11. Industry or business at home

FATHER
12. Name James M. Henderson,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Bennett,
15. Birthplace New York State.

16 (a) Informant Mr. Joseph A. Schiavone,
(b) Address 5724 Clover Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral,
Location Baltimore City.

18 (a) Funeral director Le Keiser Lemmon.
(b) Address 4611 Park Heights Ave.

19 (a) ... (b) ...
(Date received by Local Registrar) Registrar
JUN 18 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1943, at 2.45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943 to June 17 1943. and that I last saw h[illegible] alive on 6/17 1943

Immediate cause of death Cardiac failure — Duration 5 dy

Due to Carcinoma of Both Breasts — 3 yrs

Due to Metastases of Spine

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Operation for breast tumor 3 yrs ago

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Mace

Address 5276 Park Heights Date signed 6/18/43

Please write the causes of death clearly and legibly. Omit terms of uncertainty. Improper, Physicians:

G 05439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOROTHY SULLIVAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1940

8. AGE: Years	Months	Days	If less than one day
2	6	20	hr. min.

9. Birthplace Georgia (town, county, and state)
10. Usual Occupation home
11. Industry or business

FATHER
12. Name David Sullivan
13. Birthplace Georgia

MOTHER
14. Maiden Name Ada Mae Kaiser
15. Birthplace Georgia

16 (a) Informant David Sullivan
(b) Address 1022 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Gainesville
Location Gainesville Georgia

18 (a) Funeral director Goldstein & Goldstein
(b) Address 2 E. Oxford - Hill Gate.

19 (a) JUN 18 1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Crushing of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-43 at 5:15 P.M. 9:50 a.m.
(b) Where did injury occur? Linden Ave Nr Lane
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury pedestrian struck by

23. Signature H. H. Williams M.D.
Medical Examiner.
Date signed 6-18-43

G 05440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 05440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 The Alameda
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

9-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 The Alameda (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE HOLDEFER

3 (b) If veteran, name war -- none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1883

8. AGE: Years	Months	Days	If less than one day
59	9	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Self

FATHER
12. Name Henry Holdefer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie (Elizabeth) Weitzel
15. Birthplace Baltimore

16 (a) Informant Mrs. Rita Pohler
(b) Address 3015 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2nd 1943 to June 18th 1943 and that I last saw him alive on June 16th 1943.

Immediate cause of death: Carcinoma of the stomach — Duration: 2 months

Due to: Metastases in liver & ?

Due to: Carcinoma

Other Conditions: Ascites

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature H. F. Ries M. D.
Address 24 S. Bway Date signed June 17/43

VS 250

05441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47B

Registered No. G 05441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Virginia Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB PECHERSKY

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Married	Rebecca	years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
59				

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Russia.

MOTHER
14. Maiden Name Rozak
15. Birthplace Russia

16 (a) Informant Hebt Pennak
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Herman Hall Rd

18 (a) Funeral director Clark Lewis Inc
(b) Address 1439 E Baltimore St

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 11:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943 to June 17 1943, and that I last saw him alive on June 17 1943.

Immediate cause of death Cardio Resp. Failure
Due to Tracheal Obstruction ??
Due to Lymphosarcoma
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond B. Hellman
Address Sinai Hosp Date signed 6/18/43

05442 — 1943 1459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46F — Registered No. C 05442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Rosenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis Rosenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 [illegible]

8. AGE: Years	Months	Days	If less than one day
? 47 Yrs.	?2	?	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Bloom
13. Birthplace Lithuania

MOTHER
14. Maiden Name Bator?
15. Birthplace Lithuania

16 (a) Informant [illegible]
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Old Frederick Road

18 (a) Funeral director Jack Lemmon
(b) 1398 E. Balto St.

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943, at 7:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1943, to 6-18 1943, and that I last saw her alive on 6-18 1943.

Immediate cause of death Carcinoma of gall bladder & metastasis to liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Operation. Operated on at Sinai Hosp.

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Naon M. D.
Address Balto. City Hosp. Date signed 6-18-43

VS 3

Write age if expressly important. Physicians: please write the causes of death clearly and legibly.

05443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05443 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Wylie Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN GERBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	5	22	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation DELICATESSAN STORE
11. Industry or business FOR SELF

FATHER
12. Name LOUIS GERBER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name MARY
15. Birthplace RUSSIA

16 (a) Informant REBECCA GERBER - SISTER
(b) Address 3020 WYLIE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-18-43 (month) (day) (year)
(c) Cemetery or crematory BNAI ISRAEL
Location SOUTHERN AVE

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 JUN 18 1943 (Date received by local registrar) (b) Huntingtown Williams, MD

VS 160

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH June 17 1943, at 9.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1942, to June 2 1943, and that I last saw him alive on June 2, 1943

Immediate cause of death: Coronary Occlusion — Duration 1 yr

Due to: Coronary Thrombosis 10 min.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M B Lavin
Address 211 W. Monument St. Date signed 6/17/43 D.

05444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst., (yrs., mos., or days) 10 DA
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3924 Fairview ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Goldsmith

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Re

11. Industry or business Real Estate

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Herman Goldsmith
(b) Address 3924 Fairview

17 Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43 (month) (day) (year)
(c) Cemetery Mt Lebanon
Location Baltimore

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto St

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to June 17 1943, and that I last saw him alive on June 13 1943.

Immediate cause of death: Acute Cardiac Failure — Duration

Due to: Coronary Artery Sclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Shipley M. D.
Address University Hospital Date signed 6-17-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 05445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Broadway (If rural give location)
(e) Citizen of foreign country? Not (Yes or No) If yes, name country

3 (a) FULL NAME Leo J. Beere

3 (b) If veteran, name war ******

3 (c) Social Security Account No. 216-05-5377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary V. Beere
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug. 3. 1882

8. AGE: Years	Months	Days	If less than one day
60	10	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Lumber Salesman
11. Industry or business

FATHER
12. Name Michael Beere
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Clossie
15. Birthplace Ireland.

16 (a) Informant Mrs. Mary V. Beere
(b) Address 128 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balto

18 (a) Funeral director John A. Horan
(b) Address 6000 E. Baltimore St.

JUN 18 1943 (Date received by Local Registrar) (b) Washington Village, Md. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 1943. at 10-20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1943 to June 17, 1943 and that I last saw him alive on June 16 1943

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
3 1/2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Pearson
Address 514 Druid Park Drive Date signed 6/18/43 M. D.

05446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

Registered No. G 05446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dentge + Calvert Sts.
(c) Hospital or institution: Mercy Hospital. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Elm Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Cora Lillian Meyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Dr. Robert Meyer.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 3 1873.

8. AGE: Years	Months	Days	If less than one day
70	? 2	? 14	? hr. ? min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Caleb O. Williams.
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Brown
15. Birthplace Md.

16 (a) Informant Robert L. Meyer.
(b) Address 3613 Elm Ave

17 (a) Burial (b) Date thereof June 21/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood.
Location Taylor Ave

18 (a) Funeral director Kenny & Donovan
(b) Address 17 Chestnut Ave

19 (a) JUN 18 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1943, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 17 1943, and that I last saw h er alive on June 17 1943.

Immediate cause of death Circulatory Failure

Due to Cancer - Disseminated Hepatic

Due to Cancerosis (Not primary in liver probably)

Other Conditions Carcinoma of Lip (Recurrent Cancer (malignant?)

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Malignancy of Liver

Duration: Cancer - Disseminated 1 yr. Ulceration Cancer ??

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand Wayne Lee M.D.
Address Mercy Hospital Date signed 6/17/43

VS 150

G 05447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ G 05447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 743 W. Franklin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 743 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifford Monroe

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10. 1846

8. AGE: Years	Months	Days	If less than one day
47	5	7	hr. min.

9. Birthplace Bedford Co. Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Katie Leftridge
13. Birthplace Bedford Co, Va.

MOTHER
14. Maiden Name Charles Monroe
15. Birthplace Bedford Co, Va

16 (a) Informant Catherine Bell
(b) Address 743 W. Franklin

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 743 W Schroeder St

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntingtown, Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1943, at 8:55 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-17-43

VS 151

G 05448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 05448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Banks

3 (b) If veteran, name war

3 (c) Social Security Account No. 237-14-1657

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11-1905

8. AGE: Years 38 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace Statesville N-C.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Jefferson Banks
13. Birthplace N-C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lottie Edwards
(b) Address 1120 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Statesville, N. C.

18 (a) Funeral director Mr George W. Holland
(b) Address 1631 Druid Hill Ave

19 JUN 18 1943 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943, to June 15 1943, and that I last saw him alive on June 15 1943.

Immediate cause of death: Lobar Pneumonia — Duration: 2 days

Due to: — Duration: Unknown

Due to: — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. H. Banfield M.D.
Address Provident Hospital Date signed 6-16-43

05449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 05449
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 N. Broadleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Broadleton St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Vaughan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	C	

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1943

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Lloyd Taft Vaughan
13. Birthplace Enfield N. C.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Westmoreland Co., Va

16 (a) Informant Elizabeth Vaughan
(b) Address 103 N. Broadleton St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 17 1943 (b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943 at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to June 16 1943 and that I last saw her alive on June 16 1943.

Immediate cause of death: Premature Birth (Cause unknown)

Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rackmyer M.D.

Address 726 N. Calhoun St Date signed 6/16/43

F 0173

05450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 05450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gwen
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 W. Hamburg St (If rural give location)
Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby girl Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1943

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward A. Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Audrey L. Duncan
15. Birthplace Virginia

16 (a) Informant Audrey L. Duncan
(b) Address 426 W. Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 17 1943 (Date received by registrar) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 9:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 15 1943 and that I last saw her alive on June 15 1943.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. T Raby M.D. M. D.
Address University Hospital Date signed June 16 1943

VS 3

F 0174

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 0545

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1601 Madison Avenue (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Royal

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1943

8. AGE: Years	Months	Days	If less than one day
			3 hr. 55 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Dene Royal

13. Birthplace Ohio

MOTHER — 14. Maiden Name Pauline Pinder

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUN 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 43 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 43 to June 1 19 43 and that I last saw her alive on June 1 19 43.

Immediate cause of death	Duration
Intracranial hemorrhage	
Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Gilbert J. Vosburgh M. D.

Address Johns Hopkins Hospit Date signed 6-9-43

0176

05452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 05452

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

10-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 N. Central Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Buie

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1943

8. AGE: Years	Months	Days	If less than one day
			About 5 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Napoleon Buie
13. Birthplace North Carolina

MOTHER
14. Maiden Name Elizabeth Saunders
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 18 1943 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH June 2 1943 at About 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 19 43 to June 2 19 43 and that I last saw him alive on June 2 19 43.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Vosburgh M. D.
Address Johns Hopkins Hospital Date signed 6-9-43

0175

05453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 Registered No. C 05453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Sargent st
(c) Hospital or institution: South Balto Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Sargent st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Bischoff
3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Bischoff
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov 18 - 1872
8. AGE: Years: 60 Months: 6 Days: 29 If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county and state)
10. Usual Occupation: Truck Driver
11. Industry or business

FATHER
12. Name: George Bischoff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs Annie Bischoff
(b) Address: 1220 Sargent st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem Park
Location

18 (a) Funeral director: Charles P Powell
(b) Address: 2427 Edmondson Ave

19 (a) JUN 18 1943 (Date rec'd by Registrar) (b) Huntington Williams MD (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct, 1942 to June 17, 1943 and that I last saw him alive on June 13, 1943.

Immediate cause of death: Coronary Occlusion — Duration

Due to: Hypertension CV Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Bayless
Address 600 William St Date signed 6/18/43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. R. 1000-0

05454

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 05454

CERTIFICATE OF DEATH 146F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4647 Falls Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H. Holiday

(a) Residence: No. 4647 Falls Road St. 27-14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Susie Holiday

6. DATE OF BIRTH (month, day, year): December 24, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

FATHER

13. NAME: George B. Holiday

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

MOTHER

15. MAIDEN NAME: Jane Beverly

16. BIRTHPLACE (city or town) (State or country): Baltimore Co Maryland

17. INFORMANT: Susie Holiday

(Address) 4647 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Carmel Cemetery Date: June 20 1943

19. UNDERTAKER: Joseph A. Lively

(Address) 419 Mount street

20. FILED JUN 19 1943 Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16th 1943

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1943 to June 16th, 1943

I last saw alive on June 15, 1943 Death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance: None	

Name of operation: Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Grantfelt M. D.

(Address) 354 N. Bibble St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VB 05455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VB 132

G 05455

Registered No. 2698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 517 Kirby Lane

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) over 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 517 Kirby Lane (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Philip Prettyman

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Mrs Mary Prettyman

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 6 1865

8. AGE: Years	Months	Days	If less than one day
77	7	11	hr. ___ min.

9. Birthplace Howard Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business unemployed

FATHER

12. Name John Prettyman

13. Birthplace Howard Co. Md

MOTHER

14. Maiden Name Sarah Dorsey

15. Birthplace Maryland

16 (a) Informant Mrs Mary Prettyman

(b) Address 517 Kirby Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Baltimore county Md

18 (a) Funeral director Joseph A. Linthicum

(b) Address 400 N Mount street

19 (a) JUN 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1943 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1942 to 6-17 1943. and that I last saw him alive on 6-16 1943

Immediate cause of death	Duration
Nephritis	unknown
Due to unknown	
Due to	
Other Conditions Myocarditis & hypertension	unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank A Saunders M.D.

Address 1029 N Stricker St Date signed 6-17-43

VS 250

10 05456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 M

Registered No. G 05456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2021 W. Lanvale St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Reid

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 43.

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Balto, Md (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John B. Reid.

13. Birthplace Md.

MOTHER 14. Maiden Name Etta Catterton.

15. Birthplace Md.

16 (a) Informant John B. Reid.

(b) Address 2021 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43. (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Balto. Co. Md.

18 (a) Funeral director Charles J. Schwab

(b) Address 595 N. Monroe St.

19 (a) JUN 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1943 at 10:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1943 to 6/18 1943. and that I last saw h[illegible] alive on 6/18 1943.

Immediate cause of death

Due to Congenital atresia of Gut.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. I. Byers M.D.

Address St. Agnes Hosp. Date signed 6/18/43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

05458 — 1920 — G 05457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Louise Wolf

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1867

8. AGE: Years: Abt 75 | Months: 11 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret (Unknown)
15. Birthplace Md

16 (a) Informant Dorothea Henry
(b) Address 1436 Riverside Ave

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Colyer
(b) Address 1210 E Pratt St

JUN 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 8:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1/43 19 , to June 17 19 43, and that I last saw h alive on 19

Immediate cause of death
Mitral Heart Disease
Due to
Due to
Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary B Kelly M.D.
Address 1 W Saratoga St Date signed June 19 1943

B 05458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1106 E Preston St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1106 E Preston St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Fleischauer

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1863

8. AGE: Years	Months	Days	If less than one day
79	10	21	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name Joseph Scyda

13. Birthplace Austria

MOTHER 14. Maiden Name Eva (Unknown)

15. Birthplace Austria

16 (a) Informant Pauline Block

(b) Address 1106 E Preston St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)

(c) Cemetery or crematory Hollywood

Location Hagerstown Md

18 (a) Funeral director Tillery & Son

(b) Address 1219 E Fayette St

JUN 19 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1943 to June 17 1943, and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death: Chronic Nephritis

Due to: Arterio Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

not definite

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benj. D. Hayden M.D.

Address 3114 Harford Rd Date signed 6/18/43

G 05459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 05459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Old Frederick Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Old Frederick Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Childs

3 (b) If veteran, name war W
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Clarence -
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 12 1869
8. AGE: Years 73 Months 9 Days 6 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael Conley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E Rebel
15. Birthplace Baltimore Md

16 (a) Informant Margaret T Griffin
(b) Address 3702 Old Frederick Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Tillery & Son
(b) Address 1214 N Fulton Ave
19 (a) JUN 19 1943 Registrar Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943, to June 18 1943, and that I last saw deceased alive on June 17 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Seagrott
Address 1729 W Lombard St Date signed 6/18/43

VS 250

G 05460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 E. Preston Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Barksdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Santo Barksdale

13. Birthplace Virginia

MOTHER 14. Maiden Name Myrtle Marshall

15. Birthplace North Carolina

16 (a) Informant Hospital Records

(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUN 19 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 19 43. at 5:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 19 43. to May 29 19 43 and that I last saw him alive on May 29 19 43

Immediate cause of death	Duration
Intrauterine asphyxia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert J. Vosburgh M. D.

Address Johns Hopkins Hospi Date signed 6-7-43

VS 8

F0178

G 05461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 05461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Cathcart Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME "Baby" McCallister
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-11-43
8. AGE: Years | Months | Days | If less than one day: 23 hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. FATHER Name Charles McCallister
13. FATHER Birthplace
14. MOTHER Maiden Name Margaret
15. MOTHER Birthplace
16 (a) Informant Records
16 (b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
17 (c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUN 18 1943 Commissioner of Health
18 (a) Funeral director
18 (b) Address
19 JUN 19 1943 Huntington Williams M.D. (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION 20

20. DATE OF DEATH June 12 1943, at 9 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1943 to June 12 1943 and that I last saw him alive on June 12 1943
Immediate cause of death Respiratory Failure — Duration
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Stanley J. Plumer, Phd
Address Johns Hopkins Hospital Date signed 6/13/43

VS 150

1 01772

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

05462 J-82072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05462
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

12-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Barclay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Pfeffer

6

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1892

8. AGE: Years	Months	Days	If less than one day
50	10	5	hr. min.

9. Birthplace Maryland (Balto) (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Pfeffer
13. Birthplace Germany

MOTHER
14. Maiden Name Henerretta Timm
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 18 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1943 at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943, to 6-17 1943, and that I last saw h alive on 6-17 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	?
Due to Hypertension & V. disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. R. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-18-43

G 05463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 05463 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2858 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2858 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Ella Jones

3 (b) If veteran, name war W
3 (c) Social Security Account No. 208-2

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas F Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1871

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Tucker
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace Baltimore Md

16 (a) Informant Charles L Roper
(b) Address 2858 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md

18 (a) Funeral director Wilson & Son
(b) Address 1417 St Paul St

19 JUN 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to June 17 1943, and that I last saw h[illegible] alive on June 16 1943.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Degeneration with Congestive failure	
Due to Generalized arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Mitchell M. D.
Address June 18 1943 Date signed
Edmondson

VS 184

05464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 05464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR ROLL. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Sayles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lewis Sayles
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Andrew Sayles
(b) Address 917 Arlington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs Frances F. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUN 19 1943 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, '43 19 at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 16 19 43, and that I last saw h alive on June 16 19 43.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Edelson M. D.
Address 503 W Franklin St Date signed June 16

G 05465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05465 — Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Rose Hill Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES S. TALBOTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1891

8. AGE: Years	Months	Days	If less than one day
51	9	20	hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)

10. Usual Occupation Chief Mechanic

11. Industry or business U.S. Marine Hosp.

FATHER — 12. Name Otis H. Talbott
13. Birthplace Calvert Co., Md.

MOTHER — 14. Maiden Name Frances Coster
15. Birthplace Calvert Co. Md

16 (a) Informant Mary Talbott
(b) Address 512 Rosehill Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Maryland

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

19 (a) JUN 19 1943 (Date received by registrar) Interring for William Cook M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943 at 6 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenstein M.D. Co Medical Examiner.
Date signed 6-18-43

VS 181

435893 G 05466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 I
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgia Stone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/8/71

8. AGE: Years	Months	Days	If less than one day
72	5	9	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name James Stewart
13. Birthplace md.

MOTHER
14. Maiden Name Sara Harris
15. Birthplace md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) B (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Dulaney's.
Location Frederick Road

18 (a) Funeral director J. L. McCauley
(b) Address 1320 E. FORT Ave.

19 (a) JUN 19 1943 Hunting to Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June-17 1943 at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June-17 1943. and that I last saw h alive on June-17 1943.

Immediate cause of death: Respiratory failure

Due to: Cardiac failure

Due to: Arterio-Sclerotic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Goodman M. D.
Address Johns Hopkins Hosp. Date signed 6-17-43

VS 180

G 05467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 05467 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: So. Balt. Gen'l. Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days) 42yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Brooklyn Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William S. Burke

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-2791

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Lela Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/28/1900

8. AGE: Years 42 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business

FATHER
12. Name Thomas Burke
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Burke
15. Birthplace Md

16 (a) Informant Self Family
(b) Address

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Frederick Rd.

18 (a) Funeral director John L. McCauley
(b) Address 136 E. Fort Ave

19 (a) JUN 19 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943 to 6-18 1943 and that I last saw him alive on 6-17 1943 PM

Immediate cause of death: Pulmonary Embolism — Duration

Due to Post Op — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-16-43

Major findings of operation: Acute appendicitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore L. Thompson M.D.
Address South Balto. Gen. Hosp. Date signed 6/19/43

G 05468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No. G 05468

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Hawthorne Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Hawthorne Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie N. VanSant

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Wilbur C. VanSant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1862

8. AGE: Years	Months	Days	If less than one day
81	2	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thomas Nelson
13. Birthplace Md.

MOTHER
14. Maiden Name Emily L. McPhail
15. Birthplace Md.

16 (a) Informant Wilbur C. VanSant
(b) Address 204 Upnor Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1600 Eutaw Place

19 (a) JUN 19 1943 (Signature of Registrar) Huntington for Williams
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to June 17 1943 and that I last saw deceased alive on June 17 1943.

Immediate cause of death	Duration
Coronary Thrombosis	1-2 hrs
Due to Arteriosclerosis Hypertension	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Moody, M.D.
Address 1403 Park Ave. Date signed 6/19/43

VS 180

G 05469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05469 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catons Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Allendale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-0084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ruth E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/17

8. AGE: Years	Months	Days	If less than one day
25	5	22	21 hr. min.

9. Birthplace St. Michaels, Md. (Town, county, and state)

10. Usual Occupation Traffic Clerk.

11. Industry or business Eastern Aircraft - Balto Division General Motors

FATHER
12. Name Samuel O. Harmon
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Sif
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Ruth E. Harrison
(b) Address 207 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md.

JUN 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1943 to 6/17 1943, and that I last saw him alive on 6/17 1943.

Immediate cause of death Diabetic Coma

Due to Diabetes Mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Bryan M. D.
Address St Agnes Hosp. Date signed 6/17/43

G 05470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 583a

Registered No. G 05470

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 242 N. Pine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.) 2
(d) Street No. 242 N. Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vennie Fountain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1887

8. AGE: Years	Months	Days	If less than one day
55	10		hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Betty Johnson
(b) Address 242 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A, Co Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (b)
JUN 19 1943
Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 16 1943, and that I last saw her alive on June 16 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 514 N. Calhoun St Date signed 6/19/43 M. D.

G 05471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1943

G 05471

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Carrollton Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 1121 N. Carrollton St. 16-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hicks

6. DATE OF BIRTH (month, day, year) May 7, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General house-work

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Marion Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Milcah Dallas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Adelthea Ridgely

(Address) 1121 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date 6/22 1943

19. UNDERTAKER Geo. G. Kelsey

(Address) 1313 Pleasant St.

20. FILED JUN 19 1943 Recorded by H. Williams

JUN 19 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1942 to June 16, 1943

I last saw her alive on June 16, 1943 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Organic Heart Disease	5 months

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, state fully

(Signed) W. Garland Ashcraft M. D.

(Address) 1534 Druid Hill Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

VS 3

G 05472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. G 05472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Division St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME CHARLES A. JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day
18			..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Charles Johnson, Sr
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche Hughes
15. Birthplace Md

16 (a) Informant Blanche Johnson
(b) Address 2031 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Mt. Olivet

18 (a) Funeral director Geo. W. Kelly
(b) Address 1303 Pulaski Highway

19 (a) JUN 19 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943 at 7:20 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-43 at 4:30 P.M.
(b) Where did injury occur? Impounding Basin, Druid Park
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial (While at work?) Yes
(d) Means of injury Drowning

Signature H. J. Walsh M.D.
Medical Examiner.
Date signed 6-18-43

VS 181

05473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05473

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. See correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 E. 21st Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN ROYSTON STIFLER

3 (b) If veteran, name war: World's War

3 (c) Social Security Account No. -

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Regina Akers

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Nov. 11, 1900

8. AGE: Years	Months	Days	If less than one day
42	7	7	- hr. - min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: ?

11. Industry or business: ?

FATHER
12. Name: Wm. Stifler
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden Name: Natalie Almony
15. Birthplace: Harford Co., Md.

16 (a) Informant: Records, U.S.Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43. (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Rd

18 (a) Funeral director: A. Lee Odel
(b) Address: 4644 York Rd.

JUN 19 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A.

20. DATE OF DEATH: June 18, 1943, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1943, to June 18, 1943, and that I last saw h im alive on June 18, 1943.

	Duration
Immediate cause of death: Cardiac failure	Unk.
Due to: Coronary (sclerotic) heart disease	Unk.
Due to:	
Other Conditions: -	

(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation: --
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence: - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work?
(e) Means of injury: -

23. Signature: Emerson J. Gladding
Address: Baltimore, Md. Date signed 6/18/43

VS 150

Va-13513

G 05474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05474 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2373. Ridgely
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 + 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Mt. Winans (If outside city or town limits, write RURAL and give town)
(d) Street No. 2573. Ridgely (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth. A Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or Gladstone Blake

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 - 1901

8. AGE: Years 41 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace md

MOTHER
14. Maiden Name Elizabeth Nelson
15. Birthplace md

16 (a) Informant Gladstone Blake
(b) Address 2573. Ridgely. Mt Winans

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sam'l H. Chase & Son
(b) Address 638. N. Gilmor St

19 (a) JUN 19 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 16 - 1943, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1943. to June 16 1943. and that I last saw her alive on June 16 1943

Immediate cause of death Acute Endocarditis — Duration

Due to (a)

Due to (b)

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carper M. D.
Address 1016 S. Sharp St Date signed 6-19-43

VS 150

G 05475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 05475 87P

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins and Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Prince George
(a) State Md. (b) County Hyattsville
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Tennyson Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Patricia A. Fitzpatrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-43

8. AGE: Years	Months	Days	If less than one day
20	-	-	hr. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual Occupation Construction Board

11. Industry or business

FATHER
12. Name Sylvester Fitzpatrick
13. Birthplace Wisconsin

MOTHER
14. Maiden Name Francis Riddle
15. Birthplace Michigan

16 (a) Informant Hospital Records
(b) Address Wilkins & Caton Aves.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-19-43 (month) (day) (year)
(c) Cemetery or crematory Hyattsville
Location Hyattsville, Md.

18 (a) Funeral director Geo. P. Schuck
(b) Address 2101 Frederick Avenue

19 (a) 6/20/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943, to June 19 1943, and that I last saw h[illegible] alive on June 19 1943.

Immediate cause of death Multiple Scleroses — Duration 14 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur Rowberg M.D.
Address St. Agnes Hosp. Date signed 6/19/43

G 05476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05476 Registered No.

467

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Jenkins
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baker Vanhoose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-94

8. AGE: Years	Months	Days	If less than one day
49	3	11	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Coal miner

11. Industry or business

FATHER
12. Name Jesse Vanhoose
13. Birthplace Ky

MOTHER
14. Maiden Name Julia
15. Birthplace Pelphrey

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Pantonville
Location Pantonville, Ky.

18 (a) Funeral director John L. Mitchell
(b) Address 1900 Eutaw Pl.

19 (a) 6/20/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1943 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8th 1943 to June 19 1943 and that I last saw h. living on June 19 1943.

Immediate cause of death Coronary thrombosis
Result - Myocardial degeneration

Duration 2 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/9/43, 6/12/43

Major findings of operation: Ca of prostate, suprapubic & perineal

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Longmire Jr. M.D.
Address Johns Hopkins Hosp. Date signed 6/19/43

VS 150

G 05477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

G 05477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROGER C. MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore A. A. (town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name George Murray
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Ida Curry
15. Birthplace Md.

16 (a) Informant George Murray
(b) Address R.F.D. 2 Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/43 (month) (day) (year)
(c) Cemetery or crematory Broadneck
Location

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) 6/22/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1943, at 3:05 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH: Bullet wound of chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-43 at 3:05 P.M.
(b) Where did injury occur? above address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury Revolver

23. Signature H. J. Wollammeber M.D. Asst. Medical Examiner.
Date signed 6-16-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 181

G 05478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

✓ G 05478 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3523 Holmes Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RUDO, Ida

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Barnett H. Rudo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Max Rudo
13. Birthplace Russia

MOTHER
14. Maiden Name Martha —
15. Birthplace Russia

16 (a) Informant Barnett H. Rudo
(b) Address 3523 Holmes Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Goe Levine Inc
(b) Address 1439 E. Balto. St

JUN 20 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 19 1943, at 4.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 19 43, to 6/19 19 43, and that I last saw h alive on June 19 19 43.

Immediate cause of death Hypernephroma, left

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Georgia H. Kaiser M. D.

Address Sinai Hospital Date signed

G 05479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05479 Registered No. 1318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4138 Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isadore Leavitt

This was Mr. Leavitt's patient & had been treated by him 2 wks before entering hospital

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie Leavitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
40 yr.			hr. min.

9. Birthplace Chicago Illinois (Town, county, and state)
10. Usual Occupation gent employee
11. Industry or business

FATHER
12. Name Nathan Leavitt
13. Birthplace Russia

MOTHER
14. Maiden Name Yettie Leavitt
15. Birthplace Russia

16 (a) Informant Jennie D. Leavitt
(b) Address 4138 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)
(c) Cemetery or crematory Auth Chapel
Location Wash Blvd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

JUN 20 1943 (Date rec'd by registrar) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-43 to 6-18-43, and that I last saw h/his alive on 6-1-43.

Immediate cause of death	Duration
Uremia	- 2 wks
Due to Chr. Nephritis	- 2 yrs
Due to Streptococcus acute Nephritis	2 yrs 10 da. 2 yrs 9 da.
Other Conditions - Operation on for duodenal ulcer 6 years ago	

(Include pregnancy within 3 months of death)
Date of operation 3 yrs 6 mo - 1928
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis A. Marsanicllo M. D.
Address Univ. Hosp Date signed June 4 1943

VS 3

G 05480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 05480

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 E Fairmount

(c) Hospital or institution: Sinai Hospital 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:

(a) [illegible] (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3302 Auchentally

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rabbi Dr. Samuel Sink

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Paula Sink

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Check (city, county, and state)

10. Usual Occupation Rabbi

11. Industry or business

FATHER

12. Name Baer Sink

13. Birthplace Check

MOTHER

14. Maiden Name Rosa Guth

15. Birthplace Check

16 (a) Informant Seigfried

(b) Address 1619 Gwynns Falls

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (month) (day) (year)

(c) Cemetery Shaarie Tfiloh

Location Windsor Mill Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

JUN 20 1943

(Date rec'd by reg'strar) (b) Hester for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 19 1943, and that I last saw h[illegible] alive on June 19, 1943

Immediate cause of death: Cardiac Pump Failure — Duration

Due to: Pulmonary Edema

Due to: Coronary Thrombosis

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: [illegible] suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond B. Heilberg

Address Sinai Hosp Date signed 6/19

VS 250

G 05481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05481 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4526 O, Donnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4526 O, Donnell St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie M. Becker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1893

8. AGE: Years	Months	Days	If less than one day
49	9	27	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Clerk Grocery Store
11. Industry or business

FATHER
12. Name George Becker
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Margaret C. Biemiller
15. Birthplace Baltimore Co. Md.

16 (a) Informant Edward Becker
(b) Address 4526 O, Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

JUN 20 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943, to June 17 1943, and that I last saw h[illegible] alive on June 17 1943

Immediate cause of death — Duration
Cerebral Hemorrhage
Due to
Due to High Blood pressure
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.
Address 926 Dundalk Ave. Date signed

G 05482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 05482
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 days
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: -
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1033 S. Conkling Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: CONRAD MARTIN HAMER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.: -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lillian Hamer
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 27, 1889

8. AGE: Years	Months	Days	If less than one day
54	0	21	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Watchman
11. Industry or business: -

FATHER
12. Name: John Hamer
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Dora Martin
15. Birthplace: Germany

16 (a) Informant: Records, U.S.Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory: National
Location: Frederick Rd
18 (a) Funeral director: Clarence F. Hoffman
(b) Address: 1431 N. Fremont Ave
Carrington Williams Mortuary

JUN 20 1943
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17, 1943, at 2:03 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1943 to June 17, 1943, and that I last saw him alive on June 17, 1943.

Immediate cause of death	Duration
Broncho-pneumonia right middle lobe (terminal)	
Due to Adenocarcinoma of the stomach	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 6/3/43
Major findings of operation: Adenocarcinoma of the stomach
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:
23. Signature: Emerson G. Sadtler
Address: Baltimore, Md. Date signed: 6/18/43

VS 150

Va-13299

G 05483 ✓ G 05483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1540 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Schwarz

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 18, 1873

8. AGE: Years	Months	Days	If less than one day
70	4	1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name George Schwarz
13. Birthplace Unknown

MOTHER 14. Maiden Name Anna Rice
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Road

18 (a) Funeral director Howard H. Bladt Jr
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 20 1943 Hamilton-Northern, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943, to June 19 1943, and that I last saw h[illegible] alive on June 18 1943

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Pitterman M. D.

Address 2324 Pennsylvania Ave Date signed 6/19/43

G 05484 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05484
CERTIFICATE OF DEATH 94a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Rosedale Rd.
(c) Hospital or institution: St Lone
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3600 Rosedale Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leon Rinaldo Van Daniker

3 (b) If veteran, name war — No —

3 (c) Social Security Account No. — No —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Laura E. VanDaniker

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Feb 25 1859

8. AGE: Years 84 | Months 4 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation retired

11. Industry or business (Pa. R.R.)

FATHER 12. Name Jos. Van Daniker

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Baynard

15. Birthplace Maryland

16 (a) Informant Mrs Laura E. VanDaniker (wife)

(b) Address 3600 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Sherwood Mann Co.

(b) Address 1084 W. North Ave.

19 (a) Huntington Williams, M.D. Registrar

(b) Date received (by registrar) JUN 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 5:14 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 - 1939 to June 18 1943. and that I last saw [illegible] alive on June 17 1943.

Immediate cause of death Coronary embolism — Duration 6 hours

Due to

Due to Renal Sclerosis —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Warren M. D.

Address 7607 Garrison Blvd Date signed 6-18-43

G 05485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05485 Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Hackesley Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Leutner

3 (b) If veteran, name war —— W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lula Leutner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17th 1871

8. AGE: Years	Months	Days	If less than one day
71	10	0	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Selector of Tobaccos
11. Industry or business

FATHER
12. Name Albert Leutner
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Lizzie O'Connor
15. Birthplace Washington D.C.

16 (a) Informant Lula Leutner
(b) Address 1633 Hackesley Place

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery Woodland Park
Location Parkville Md

18 (a) Funeral director William Cook Inc
(b) 1634 E. Lanvale St Baltimore Maryland

JUN 20 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943 at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943 to 6-17 1943 and that I last saw h. (m) alive on 6-17 1943

Immediate cause of death: Respiratory failure — Duration

Due to: cerebral vascular accident

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Geneczin M. D.
Address Johns Hopkins Hospital Date signed 6-17-43

VS 280

Registered No. 05486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. G 05486

The following information should be carefully supplied. Every item of information should be carefully supplied, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward A. Owen

3 (b) If veteran, name war: W
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Sarah E. Owen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 9th 1908

8. AGE: Years	Months	Days	If less than one day
34	7	9 10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Penna R. R.

FATHER
12. Name Stephen Owen
13. Birthplace England

MOTHER
14. Maiden Name Viola R. McCreary
15. Birthplace Balto. Md.

16 (a) Informant Mrs Sarah E. Owen
(b) Address 2100 Maryland Ave
17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Grace Church
Location Elkridge Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
JUN 20 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1943 at 12 40 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH pulmonary embolism

Due to Compound comminuted fracture of left femur

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 17 1943 at 12 P.M.
(b) Where did injury occur? Near North Point Road
(c) Did injury occur at home, on farm, industrial place, in public place? R.R. tracks While at work? yes
(d) Means of injury Leg caught between freight cars

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 19 1943

VS 181

G 05487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05487

Registered No. 13C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and the town)
(d) Street No. ~~610 Penn~~ St. 412 Fenton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY William King 81332
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	spp.

6 (b) Name of husband or wife Lillian King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1888

8. AGE: Years	Months	Days	If less than one day
54	11	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation junk collector
11. Industry or business

FATHER
12. Name William King
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Brushwiller
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto - Md.

18 (a) Funeral director William Cook Inc
(b) Address 417 St. Paul St

19 (a) (Date rec'd by registrar) (Huntington Indiana, U.P.)

JUN 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943, at 7:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to June 18 1943, and that I last saw him alive on June 18 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alyne S. Hartz
Address Balto City Hosp Date signed 6/19/43 M. D.

G 05488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05488 Registered No.

Mar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 N. Broadway
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Ruth Longworth

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1921

8. AGE: Years	Months	Days	If less than one day
21	11	30	hr. min.

9. Birthplace Sperryville Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Perry Longworth
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mark Woodward
15. Birthplace Sperryville Va

16 (a) Informant Perry Longworth
(b) Address 1526 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) 6/20/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19/1943 at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1943 to 6/19/1943, and that I last saw h alive on 6/18 1943

Immediate cause of death: Pulmonary tbc — Duration since 10/22/38

Due to: Anaemia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo A. Bowden
Address 1517 E North Ave Date signed 6/21/43

VS 3

G 05489

G 05489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 W. Cross St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 W. Cross St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Charles R. Brooks

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife Mary Brooks
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 20, 1883

8. AGE: Years	Months	Days	If less than one day
59	11	17	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mary Brooks
(b) Address 529 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.Co. Md.

18 (a) Funeral director Isaiah L. Brownson
(b) Address (856) Montgomery Street

JUN 20 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1943 to 6/16 1943, and that I last saw h alive on 6/16 1943.

Immediate cause of death Strangulation Obstruction (Empyema)

Duration 4 days

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operations: ✓

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Tomblin Phillips M.D.
Address 144 Penna. Ave Date signed 6/17/43

G 05490

G 05490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1113 Greenmount Ave

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1113 Greenmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Price

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles F. Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 1870

8. AGE: Years: 73 yrs Months: 2 Days: 15 If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Home Work at

11. Industry or business: Home

FATHER

12. Name: John Smith

13. Birthplace: Ireland

MOTHER

14. Maiden Name: Annie McCaughiff

15. Birthplace: Ireland

16 (a) Informant: Mrs Lynard McGreary

(b) Address: 1314 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21. 1943 (month) (day) (year)

(c) Cemetery or crematory: Mary Cathedral Cem

Location: 4300 Old Frederick Rd

18 (a) Funeral director: Edgar W. Conklin & Son

(b) Address: 924 E. Eager St.

JUN 20 1943

(Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17. 1943 at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19. 1943. to June 17 1943. and that I last saw her alive on June 16 1943.

Immediate cause of death: Myocarditis — Duration: 1 day

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(d) Means of injury:

23. Signature Benj. H. Hayden M.D.

Address 3114 Harford Rd. Date signed 6/18/43

VS 3

G 05491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

G 05491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 E. West St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 E. West St.
(If rural give location).
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Christina ~~Gardner~~ Gartner.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6 - 1872

8. AGE: Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Own Home

FATHER
12. Name Bernard Gartner
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Müller
15. Birthplace Germany

16 (a) Informant Mr. George Gartner
(b) Address 135 E. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Redeemer
Location Belair Rd

18 (a) Funeral director Elizabeth E. Earle Inc.
(b) Address 115 E. West St.

19 JUN 20 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 / 15 / 19 43 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 42 to June 15 19 43, and that I last saw h[illegible] alive on June 15 19 43.

Immediate cause of death Carcinoma of mucous membrane of right side of mouth — Duration 1 year

Due to

Due to

Other Conditions Squamous Cell Carcinoma Metastasis to Glands of Neck — Duration 1 year
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 122 S. Charles St. Date signed 6/18/43 M. D.

VS 8

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 05492 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Scott St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Milton Fowler Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-2393

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
Male	White	Married

6 (b) Name of husband or wife Lillie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 26th 1881

8. AGE: Years	Months	Days	If less than one day
62	3	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Glass Blower

11. Industry or business

FATHER 12. Name James K. Fowler

13. Birthplace Maryland

MOTHER 14. Maiden Name Margaret Hadel

15. Birthplace Maryland

16 (a) Informant Lillie M. Fowler

(b) Address 628 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Marack

(b) Address 716 Light St

19 JUN 20 1943 (b) Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1943 19 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to June 17 1943, and that I last saw h~~e~~ alive on June 15th 1943.

Immediate cause of death Pulmonary Tbc. — Duration ?

Due to

Due to

Other Conditions Pulmonary Emphysema Cordis ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles Townsell

Address 206 N. Eden Date signed 6/19/43 M. D.

G 05493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05493 Registered No. 1320

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George C. Weir 81702

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	sep.

6 (b) Name of husband or wife Josephine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1888

8. AGE: Years	Months	Days	If less than one day
54	6	16	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Samuel Weir
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Hess
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave near North Pt. Rd

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (a) Filed [illegible] Huntington Williams M.D.

JUN 20 1943

VS Ho

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943, at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943, to June 16 1943, and that I last saw h im alive on June 16 1943.

Immediate cause of death

Pulmonary tuberculosis — Duration: 1 mo?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis S Hartz
Address Balto City Hosp Date signed 6/18/43

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05494 MJ-80115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos., 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Norman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1869

8. AGE: Years	Months	Days	If less than one day
73	8	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Marsh
13. Birthplace Maryland

MOTHER
14. Maiden Name Eva Claas
15. Birthplace Germany

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Hyderyck Ave.

18 (a) Funeral director John H. Waesche Son
(b) Address 900 N. Howard St.

19 (a) Filed JUN 20 1943 (Registrar) (b) Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1943, to 6-18 1943, and that I last saw h alive on 6-18 1943.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Sen. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H.K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-19-43

05495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90 B

G 05495
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltr. (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Newington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Weldon L. Wimert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel Wimert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12-1899

8. AGE: Years	Months	Days	If less than one day
43	10	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Bethlehem Steel

FATHER
12. Name Joseph D. Wimert
13. Birthplace Not Known

MOTHER
14. Maiden Name Agnes Utz
15. Birthplace Md.

16 (a) Informant Ethel Wimert
(b) Address 916 Newington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-43 (month) (day) (year)
(c) Cemetery or crematory Leister's Church
Location Westminster, Md.

18 (a) Funeral director J. Francis Reese
(b) Address Westminster, Md.

19 (a) JUN 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943 to June 19 1943, and that I last saw him alive on June 9 1943.

Immediate cause of death Congestive Heart Failure — Duration

Due to Hypostatic Pneumonia

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Congestive H. Failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which place) While at work?
(e) Means of injury

23. Signature Stanley B. Hyanouver, M.D.
Address St. Joseph's Hosp Date signed 6/20/43

G 05496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163C

Registered No. G 05496

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 0 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. High St. Highway Hotel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME L. Helen Harrison

3 (b) If veteran, name war —

3 (c) Social Security Account No. 226-28-3047

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1925

8. AGE: Years	Months	Days	If less than one day
17	6	4	hr. min.

9. Birthplace Salem Virginia
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Louis Haven Harrison
13. Birthplace Roanoke Co. Virginia

MOTHER
14. Maiden Name Mary Harrison
15. Birthplace Russell Co. Virginia

16 (a) Informant Mary H. Harrison
(b) Address 11 N. High Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)

(c) Cemetery or crematory
Location Salem Virginia

18 (a) Funeral director Joseph Falace Inc.
(b) Address 2013 Pleasant Ave

JUN 20 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-1943, at 2:10 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Lysol Poisoning

Due to

Other Conditions Acute Gastro-enteritis Bronchitis.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-20-43 at A M.
(b) Where did injury occur? 11 N. High Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Swallowed Lysol

23. Signature Howard J. Madeira M.D.
Medical Examiner.

Date signed 6-20-43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

05497 — 937 — G 05497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 10
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Williams

3 (b) If veteran, name war —— N
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband Simon N. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1859

8. AGE: Years	Months	Days	If less than one day
83	6	1	hr. min.

9. Birthplace Manchester Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John Carl
13. Birthplace Md.

MOTHER
14. Maiden Name Christianna Kessler
15. Birthplace Md.

16 (a) Informant Amos Williams
(b) Address 1217 St. Paul St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1943. 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 18 1943, and that I last saw h— alive on June 17 1943

Immediate cause of death: Uremia Myocarditis — Duration: —
Due to Arteriosclerosis —
Due to Senility.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Gross
Address 611 N. Howard St. Date signed 6/24/43

VS 150

Gilroy

G 05498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 05498 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5415 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5415 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida J. Bell

3 (b) If veteran, name war —
3 (c) Social Security Account No. Fake

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ William H. Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1850

8. AGE: Years 83 | Months 4 | Days 14 | If less than one day hr. 1260 min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name John Schriblein
13. Birthplace At Sea

MOTHER 14. Maiden Name Sarah Parrott
15. Birthplace Md

16 (a) Informant Mrs. Wm Armour
(b) Address 5415 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 517 St. Paul St

19 JUN 21 1943 Harrington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1943, to June 19 1943, and that I last saw h[illegible] alive on June 18 1943.

Immediate cause of death Cardiac Asthenia

Due to Chronic Nephritis

Due to Infirmities of Age

Other Conditions Heart + Kidneys

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Schaffer Reed M. D.
Address 2502 Coburn Hgts Ave Date signed 6/[illegible]/43

G 05499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05499 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2867 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street 2867 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Carrie Schwartz Caskey

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John G. Caskey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23rd 1866

8. AGE: Years 77 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name John E. Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Laura T. Wilson
15. Birthplace Md

16 (a) Informant Mary England
(b) Address 1522 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery ~~crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 21 1943 (Date rec'd by registrar) Burlington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1943, at 11. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 18 1943, and that I last saw h[illegible] alive on June 18 1943.

Immediate cause of death: Myocardial degeneration & insufficiency with
Due to Congestive failure — Duration: 6 months
Due to Generalized arterio sclerosis — Duration: several years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Mitchell M. D.
Address 290 Edmondson Ave Date signed June 20, 43

G 05500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G 05500

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 Mosher St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~

6 (b) Name of husband or wife Sigh Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Union Spring Ala
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jack Anderson

13. Birthplace Union Springs Ala.

MOTHER 14. Maiden Name ? Rhone

15. Birthplace Union Spring Ala

16 (a) Informant Jillian Jones

(b) Address 542 Mosher St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 21-43 (month) (day) (year)

(c) Cemetery or crematory Cushing Memorial

Location Balto.

18 (a) Funeral director Archibald C. Gaddis

(b) 1411 E. Baltimore St.

JUN 21 1943

19 (a) (Date rec'd by registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1943 to 6-18 1943 and that I last saw h[illegible] alive on 6-17 1943.

Immediate cause of death: Carcinoma of bladder — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 5354 Dolphin St Date signed 6-18-43

VS 184

G 05501 #3 1943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170C ✓ Registered No. G 05501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Barnard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES BEATTY (BATHY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Annie Batty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1921

8. AGE: Years	Months	Days	If less than one day
22	2	16	hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Howard Batty
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Celone Batty
15. Birthplace Maryland

16 (a) Informant Annie Batty
(b) Address 1507 Brevard

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location Balto. Md.

18 (a) Funeral director Archibald A Gable
(b) Address 2101 N. Eutaw St

19 (a) (Date received) JUN 21 1943 (b) Huntington Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 5.45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-43 4:30 P. M.
(b) Where did injury occur? Kenwyn Ave & 15-2
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury fall to pavement from

23. Signature H. G. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-18-43

Injury auto truck

05502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G 05502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully corrected as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 3 Wilshire Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Willshire (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Frederick William Dankmeyer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1867

8. AGE: Years	Months	Days	If less than one day
75	9	14	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace

MOTHER
14. Maiden Name Don't know
15. Birthplace

16 (a) Informant Mrs Herman Smith
(b) Address 4303 Willshire Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) JUN 21 1943 Huntington Williams M.D. Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1934 to June 18 1943. and that I last saw him alive on June 18 1943.

Immediate cause of death Carcinoma of Stomach — Duration 6-15-43

Due to Hypertension Arteriosclerosis — 1934

Due to Mitral Stenosis — 1934

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Kunkel M. D.
Address 5707 Belair Rd Date signed June 19 1943

VS 250

05503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 05503
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 27 W Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Langenfelder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Leo Langenfelder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1860

8. AGE: Years 82 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Germany
(Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Michael Rice
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunde Bauers
15. Birthplace Germany

16 (a) Informant Mrs Lee E Zuck
(b) Address 3613 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/43 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) JUN 21 1943 (Date rec'd by registrar) Hunting for Nathaniel, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17/43 19 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 19 43 to 6/17 19 43.
and that I last saw h[illegible] alive on 6/10 19 43.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to arteriosclerosis
Due to senility
Other Conditions Hypertension — 10 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature E Mills M.D.
Address 125 St Charles St Date signed 6/ M.D.

VS 150

The G

05504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 05504
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (~~years~~, or days) 12 5
(e) Length of stay in Baltimore (~~years~~, or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3225 Old Annapolis Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis DeRoy Bathon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1943

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Bathon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name audrey Baker
15. Birthplace Balto. Md.

16 (a) Informant Mr. Bathon
(b) Address 3225 Old Annapolis Rd.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof June 21/43 (month) (day) (year)
(c) Cemetery or crematory Mem Cathedral
Location Old Fred. Rd.

18 (a) Funeral director Fred. J. Frances Sons
(b) Address 1216 E. Chases St.

JUN 21 1943 (b) Registrar
Huntington Williams, M.D.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~May~~ June 19 1943 at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940 to June 19 1943 and that I last saw h~~im~~er alive on June 19 1943.

Immediate cause of death: Intracranial hemorrhage

Due to

Due to

Other Conditions Complete right sacral hernia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Maryland General Hosp. Date signed 6-19-43

436261

05505

- DEANE -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. - 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Camel Dr (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Deane, Pearl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1900

8. AGE: Years	Months	Days	If less than one day
42	10		hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Scott -
13. Birthplace Virginia

MOTHER 14. Maiden Name Agnes Baker
15. Birthplace Virginia

16 (a) Informant Richards -
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hartsfield
(b) Address 918 Druid Hill Ave

19 (a) JUN 21 1943 (Local Registrar) Huntington Williams, M.D. Registrar

VB 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1943 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 18 1943 and that I last saw her alive on June 18 1943

Immediate cause of death Respiratory failure, aspiration & Vomitus — Duration 1 hour

Due to Brain abscess. — 5 yrs

Due to Pneumococcic septicemia — 8 days

Other Conditions Diabetes, avitaminosis, atrophic rhinitis

(Include pregnancy within 3 months of death)

Date of operation 6/16/43

Major findings of operations: ocular nerve, Corpus Striatum & Walls of ventricle

Date of autopsy: Brain abscess, Meningitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

28. Signature Harold E.C. Thomlinson
Address Johns Hopkins Date signed 6/19/43

05506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 05506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 N. Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Pine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice White

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1880

8. AGE: Years	Months	Days	If less than one day
63	2	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Benjamin Martin
13. Birthplace Alex. Va.

MOTHER
14. Maiden Name Elnore Fishers
15. Birthplace Balto Md.

16 (a) Informant Roberta Bell
(b) Address 315 N. Pine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) JUN 21 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1943 at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943 to June 17 1943.
and that I last saw h[illegible] alive on June 17 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Date June 17 1943

VS 3

correct age is especially important. Typewriter preferred. Use black ink. Do not write over figures. Spelling of names must be plain.

05507 mj-65129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43B

Registered No. G 05507

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4240 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs., 2 mos., 7 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 533 Calvert St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Carter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Mary (-)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept ? 1868

8. AGE: Years	Months	Days	If less than one day
74?	? 9	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER

12. Name Frank Carter (-)

13. Birthplace Maryland

MOTHER

14. Maiden Name Lettie Bowman (D)

15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (BALTIMORE)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md.

18 (a) Funeral director Mr. Francis A. Hinmelsey

(b) Address 571 W. Biddle St. Baltimore, Md.

19 JUN 21 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1943, at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1943 to 6-17 1943 and that I last saw him alive on 6-17 1943

Immediate cause of death	Duration
Debilitation	3 mos.
Due to Pulmonary Tuberculosis	?
Due to Acute Intestinal	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. K. Rakhlin

Address Balto. City Hosp. Date signed 6-22-43 M.D.

VS 3

Please write the cause of death clearly and legibly. Physicians: please write the correct age is especially important.

G 05508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 ✓ Registered No. G 05508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Upnor Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Mommers

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-09-5791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of wife Mrs. Grace W. Mommers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1876

8. AGE: Years	Months	Days	If less than one day
66	10	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation General Superintendent
11. Industry or business American Sugar Refining Co.

FATHER
12. Name Mr. Richard Mommers
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Janssen
15. Birthplace Germany

16 (a) Informant Mrs. Grace Mommers
(b) Address 108 Upnor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

JUN 21 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Fri. June 18 1943 at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to June 18 1943, and that I last saw him alive on June 18 1943.

Immediate cause of death	Duration
Cerebral Vascular Accident	
Cardio-resp. failure	
Due to Pneumonia	
Due to Cerebral Vascular Accident	4 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Faulkner, Jr. M. D.
Address Kelam Jamison Kemp Date signed 6-19-43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

G 05509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 C

G 05509 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of date, place and cause of death must be full and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. B. C. H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 East Biddle (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Lawrence Huber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/18/43

8. AGE: Years	Months	Days	If less than one day
		2	hr. — min.

9. Birthplace W. B. C. H. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Leo Huber
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Francis Allen
15. Birthplace Georgia

16 (a) Informant Andrew L. Huber
(b) Address 2619 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director George J. Ruth Inc
(b) Address 1735 Harford Ave

19 (a) JUN 21 1943 (Date rec'd by registrar) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 19 43 at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1943 to 6-20 1943 and that I last saw h alive on 19

Immediate cause of death Erysipelas Streptococcic Septicemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ross Greenwald
Address W. Baltimore Gen. Hosp. Date signed 6-21-43 M. D.

05510

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 05510

CERTIFICATE OF DEATH 1226

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town PARKTON
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN MAY BACON

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 2, 1919

8. AGE: Years	Months	Days	If less than one day
24	1 3	1 8	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation SECRETARY
11. Industry or business

FATHER
12. Name ELMER E. BACON
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name HELEN CUTTER
15. Birthplace PENNSYLVANIA

16 (a) Informant Elmer E. Bacon
(b) Address Parkton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cemetery, Lady Md
Location Mt Lady Manor, Baltimore

18 (a) Funeral director Robert O. Mitchell Sons
(b) Address 1960 Eutaw Place

JUN 21 1943 (Date received by Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 20 1943, at 12 ~~P~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to June 20 1943 and that I last saw her alive on June 20 1943

Immediate cause of death ACUTE INTESTINAL OBSTRUCTION & PERITONITIS — Duration 7 days
Due to OLD POST OPERATIVE ADHESIONS — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 16 & June 19
Major findings of operation ① Gangrene of small gut ② Kinking of small gut
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas N. Cassell, M.D.
Address 111 W Madison St Baltimore signed 6-20

VS 250

05511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 05511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5500 Wexford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ~~Tilley~~ ~~Stewart~~ Lillye B. Stewart

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife Clifton H. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1870

8. AGE: Years	Months	Days	If less than one day
73	4	0	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation H W
11. Industry or business ✓

FATHER 12. Name George W. Bokee
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Jennie Yates
15. Birthplace Md.

16 (a) Informant Admission sheet of hospital record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 (month) (day) 43 (year)
(c) Cemetery or crematory David Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 5907 Century Place

19 (a) JUN 21 1943 (Date rec'd by registrar) Hunter for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18, 1943, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1943 to 6-18 1943 and that I last saw h[illegible] alive on 6-18 1943.

Immediate cause of death	Duration
Cardio respiratory failure	4 days
Due to Arterio sclerotic Heart disease and diabetes mellitus	? years / 7 years
Due to	
Other Conditions Cancer of large bowel (Include pregnancy within 3 months of death)	17 years

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Franklin E. Leslie M.D.
Address Woman's Hospital Date signed 6-18-43

VS 3

G 05512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

Registered No. G 05512

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Barnes St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE E. GANTT

3 (b) If veteran, name war Worlds War #1
3 (c) Social Security Account No. 220-05-8320

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Widower

6 (b) Name of husband or wife Grace Gantt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13th 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	11	5		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Gantt
13. Birthplace Md

MOTHER
14. Maiden Name Ella Cooper
15. Birthplace Md

16 (a) Informant Mamie K. Symington
(b) Address 46 N. Pine St Albany N. York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21 (month) (day) 1943 (year)
(c) Cemetery or crematory Balto National Cem.
Location Frederick Ave Balto Md

18 (a) Funeral director Byron & Mamie K. Wright
(b) Address 721 Allegheny St

19 JUN 21 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943. at 4 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943. to June 18 1943. and that I last saw deceased alive on June 18 1943.

Immediate cause of death	Duration
Post Operative Renal Failure	
Due to Acute Appendicitis	
Due to	
Other Conditions Cardio - Vascular Renal Disease - Chronic (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: As above
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh A. Williams M.D.
Address A Joseph's Hospital Signed 6/18/43

VS 3

05513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 05513 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 318 W. Pine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Wade

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years 32 | Months 32 | Days | If less than one day hr. min.

9. Birthplace Alabama (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Wade
13. Birthplace Ala

MOTHER 14. Maiden Name Hester Hamlet
15. Birthplace Ala

16 (a) Informant Mrs. Lola Phillips
(b) Address 1052 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1943 at 2:15 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Uremia
myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 19 1943

G 05514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

G 05514 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 439 W Biddle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 439 W Biddle
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margrett Eliza
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1876

8. AGE: Years 67 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Foster
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Stewart
15. Birthplace Frederick Co Md.

16 (a) Informant Margrett E. Foster
(b) Address 439 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Edw. H. Holland
(b) Address 1631 Druid Hill Ave.

19 JUN 21 1943 (b) Huntington Williams, M.D. Registrar
(Date filed by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 5:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1942 to June 18 1943 and that I last saw h alive on June 17 1943.

Immediate cause of death

Duration

Mitral Insufficiency

Due to General Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 1631 Druid Hill Ave Date signed 6/21/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 a

Registered No. G 05515

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Fleetwood ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Fleetwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clement F. Staub Social Security #

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	215-01-7604

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife Edith Krichten Staub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23rd 1875

8. AGE: Years	Months	Days	If less than one day
67	10	26	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs David Sammenheier
(b) Address 3811 Fleetwood Ave.

17 (a) Burial (b) Date thereof June 22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Rebert Road

19 (a) JUN 21 1943 (b) Huntingtown Williams MD
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1943 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1943 to 6/19 1943 and that I last saw him alive on 6/19 1943

Immediate cause of death: Chronic Myocarditis — Duration 4 yrs.
Due to: Chronic Nephritis — 4 yrs.
Due to:
Other Conditions: Arteriosclerosis — 4 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E Madden M. D.
Address 6306 Reisterstown Rd Date signed 6/19/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163D

Registered No. G 05516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in Hospital or Inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 E. 28th. St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA MARGARET HAMMERBACHER

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick Hammerbacher

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1882

8. AGE: Years: 60 | Months: 9 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Antone Taudte
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Emma Schmalbach
15. Birthplace: Baltimore, Md.

16 (a) Informant: Frederick Hammerbacher
(b) Address: 1840 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: H. Sander & Sons, Inc.
(b) Address: North Ave. & Broadway

19 (a) JUN 21 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 11 P.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bichloride of mercury poisoning

Due to

Other Conditions psychoneurosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 18 1943 1:30 P.M.
(b) Where did injury occur? 1840 E. 28th St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Swallowed Bichloride tablets

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 19 1943

G 05517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161c

Registered No. G 05517

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dukeland & Bayview

(c) Hospital or institution: W. B. G. H.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 7700 Wilson Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM LOUIS WIRT

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife - - -

6 (c) If alive, give age 0 years

7. Birth date of deceased (mo., day, yr.) June 16, 1943

8. AGE: Years	Months	Days	If less than one day: hr.	min.
		3 4		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER — 12. Name William Louis Wirt

13. Birthplace Baltimore

MOTHER — 14. Maiden Name Naomi Lyston

15. Birthplace Baltimore

16 (a) Informant William Louis Wirt

(b) Address 7700 Wilson Ave. Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21. 1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway

19 (a) JUN 21 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 19 43 at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death Erythroblastosis fetalis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Brian M. Cheetham, M.D.

Address WBGH Date signed 6/20/43

VS 150

5518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. G 05518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 N. Caroline
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Small

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Joseph Small (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Georgetown, S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Kinlaw
13. Birthplace Georgetown S. C.

MOTHER
14. Maiden Name Louisa Days
15. Birthplace Georgetown S. C.

16 (a) Informant Samuel Small
(b) Address 1610 N. Gilmore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Georgetown
Location S. Carolina

18 (a) Funeral director Leg. B. Nelson
(b) Address 1303 Presstman St

(a) Filed JUN 21 1943 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 20 1943 and that I last saw h— alive on June 20 1943.

Immediate cause of death: Acute myocarditis
Pulmonary edema
Due to: Cerebral Apoplexy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
1 hr.
1 hr.
6 d.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dow. L. Berry M. D.
Address 1920 E. Chase Date signed 6-21-43

G 05519 435820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 McDonogh
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Barbie Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-40

8. AGE: Years	Months	Days	If less than one day
2 3	10	15	hr. min.

9. Birthplace D.C.
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Eddie Harris
13. Birthplace Va

MOTHER
14. Maiden Name Estelle Evans
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6-21-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Raymer Sanders
(b) Address 1612 E. Preston St
(Date rec'd by registrar) JUN 21 1943 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 18 1943 and that I last saw her alive on June 18 1943.

	Duration
Immediate cause of death Respiratory failure	
Due to Bronchial obstruction	4 days
Due to Carcinoma Intermediate Grade - Bronchial Lymph Glands	months days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 18, 1943
Major findings of operation: Carcinoma Bronchus - Bronchial lymph glands
of autopsy: & Carcinoma Neuritis Brachial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Barbara H. Griffin M.D.
Address Johns Hopkins Hosp. Date signed 6-24-43

Approved: Robert Lee Frederick M.D.

VS 250

05520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 133 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM Isadore Rosenthal 79710

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1881

8. AGE: Years 62 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Rosenthal
13. Birthplace Russia

MOTHER
14. Maiden Name Lena
15. Birthplace Russia

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Nat. Carmel
Location

18 (a) Funeral director Jack Poering Inc
(b) Address 1439 E. Balto St

19 (a) JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 8:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1943 to June 21 1943, and that I last saw him alive on June 21 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 16 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis Starty M.D.
Address Balto City Hosp Date signed 6/24/43

G 05521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05521 / 4612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 REIST. RD.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 REIST. RD
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MOLLIE LEVINE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife ABRAHAM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace LITHUANIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace LITHUANIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace LITHUANIA

16 (a) Informant MR. MORTON ROSEN
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-21-43 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP
Location BALTO. & FRANKLIN STS

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balt. St

19 (a) JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-43 19 , at 7 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 to 6-20 1943, and that I last saw h alive on 6/20 1943.

Immediate cause of death Carcinoma of Stomach — Duration 18 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature

Address 704 Reist Rd Date signed 6/21/43

VS 180

05522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E. Monument
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Middle River
(If outside city or town limits, write RURAL, and give town)
(d) Street address Traverse Court Site # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Milton Barrick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 404-24-2571

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace U S A
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER 12. Name John Barrick
13. Birthplace U S A

MOTHER 14. Maiden Name Maggie
15. Birthplace U S A

16 (a) Informant Wife
Traverse Court Site # 2 Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Dale Cave Kentucky
Location

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Baltimore

19 (a) JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943 to June 19, 1943 and that I last saw h alive on June 19 1943

Immediate cause of death: Pulmonary Edema — Duration
Due to: Arteriosclerotic CVD
Due to: Coronary Occlusion
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur I Katz MD
Address Sinai Hosp Date signed 6-20-43

VS 180

05523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V49a

G 05523 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Lakeland + Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Royston Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Anna M Cecil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Oscar E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1886

8. AGE: Years 56 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Balt. Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Louis Waldner
13. Birthplace Md

MOTHER 14. Maiden Name Gertrude
15. Birthplace

16 (a) Informant Oscar E. Cecil
(b) Address 3110 Royston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto

18 (a) Funeral director Leonard Mush
(b) Address 20 or Harford Rd

19 Date received JUN 21 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943. at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943. to 6-20 1943. and that I last saw her alive on 6-20 1943.

	Duration
Immediate cause of death: Intestinal Obstruction	10 days
Due to Abdominal Carcinomatosis	
Due to Primary Carcinoma of the Ovary	1½ yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of Ovary 1½ yrs. ago.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Susan M. Cheeket M.D.
Address UBGH Date signed 6/20/43.

correct age is especially important. physicians, please

VS 150

G 05524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G 05524

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~xxxyr.~~ 5 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Andrew Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUBY LEE ALLBRITTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Roy Allbritton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1904

8. AGE: Years	Months	Days	If less than one day
38	6	1	hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Edward Tatterton
13. Birthplace N. C.

MOTHER
14. Maiden Name Ida Stevenson
15. Birthplace Va.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof June 22 1943 (month) (day) (year)
(c) Cemetery or crematory London Pk. Cem.
Location

18 (a) Funeral director Charles F. Hill
(b) Address 1501 E Fort Ave.

JUN 21 1943 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943, at 2:11a.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1943, to June 20, 1943, and that I last saw him alive on June 20, 1943.

Immediate cause of death	Duration
Myelogenous leukemia, ~~(chronic)~~ acute	5 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations None
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address US Marine Hospital, Baltimore, Md. Date signed 6/21/43 M. D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 926

G 05525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3809 Hudson St.
(c) Hospital or institution: Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3809 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaw Tomaszewski.

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower.

6 (b) Name of husband or wife Agnes.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant John True.
(b) Address 3809 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk.

18 (a) Funeral director John J. Duda
(b) Address 3829 Hudson St.

19 JUN 21 1943 (By) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1943, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 19 1943 and that I last saw him alive on June 18 1943.

Immediate cause of death: Mitral Regurgitation

Duration
about 2 yrs

Due to cause unknown

Due to

Other Conditions Chronic Hypertension

about years

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John J. Kroger M. D.
Address 2629 Eastern Ave Date signed 6/9/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 05526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 05526
Registered No.

Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Druid Hill Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Talley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred Talley
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1872

8. AGE: Years 70 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Palmer Springs, Va.
(Town, county and state)

10. Usual Occupation Head Waiter
11. Industry or business Emerson Hotel

FATHER
12. Name Alexander Talley
13. Birthplace Palmer Springs, Va.

MOTHER
14. Maiden Name Jane Alexanders
15. Birthplace Palmer Springs, Va.

16 (a) Informant Hattie Pickett
(b) Address 2244 Madison Ave

17 (a) Burial (b) Date thereof 6/22/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A. G. Co.

18 (a) Funeral director Charles F. Law
(b) Address 502 Harlem Ave.

(c) Name of cemetery, crematory, or undertaker Huntington Williams, Inc. Registered No.

JUN 21 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943. at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to June 19 1943, and that I last saw him alive on June 19 1943.

Immediate cause of death Cancer Stomach — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank Covaguck M.D.
Address 2027 Calvert (Date signed) June 21 1943

G 05527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. G 05527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Sq. Hosp't.
(c) Hospital or institution: Calhoun & Fayette
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5233 Reisterstown Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Clara Goldsmith (Clara Maude Goldsmith)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Fe.

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Louis (Instant)

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1877

8. AGE: Years 66 | Months 4 | Days 1 | If less than one day: ____ hr. ____ min.

9. Birthplace Balto. City Co, Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Bitzer (William Bitzer)
13. Birthplace ? Balto. Co., Md.

MOTHER
14. Maiden Name ? Frances Morrow
15. Birthplace ? Balto. Co., Md.

16 (a) Informant Son
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. **Location** Pikesville, Md.

18 (a) Funeral director Wm. J. Pickner & Son
(b) Address North Pennsylvania Ave. Interstate for Williams, Md.

19 (a) JUN 21 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1943 at 7:22 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18 1943 to 6-19 1943, and that I last saw he alive on 6-19 1943.

Immediate cause of death Coronary Occlusion? Cerebral Hemorrhage? — **Duration** ____

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature J. E. Boorman M. D.

Address Franklin Sq. Date signed 6/19/43

VS 3

Please write age as especially important. Physicians please write the causes of death clearly and legibly.

G 05528

M277230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

G 05528
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Millard Hutton (Millard B. Hutton)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Robert T. Hutton
13. Birthplace Maryland

MOTHER
14. Maiden Name May Foster
15. Birthplace Balto, Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md

19. JUN 21 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943 at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1942 to 6-18 1943 and that I last saw h[illegible] alive on 6-18 1943

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Ratchford M. D.
Address Balto City Hosp Date signed 6-21-43

G 05529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Southport & Cannery ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Hull Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A. Grunder

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6189

4. Sex M.

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alvina A. Grunder

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 18, 1889

8. AGE: Years 53 Months 11 Days - If less than one day hr min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Locomotive Engineer

11. Industry or business

FATHER
12. Name William Grunder
13. Birthplace Germany

MOTHER
14. Maiden Name Clementina Brehler
15. Birthplace Germany

16 (a) Informant Mrs. Alvina A. Grunder
(b) Address 1208 Hull street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)

(c) Cemetery or crematory Holy Cross A.A.Co.
Location

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 448 W. Mt. Royal Ave

19 (a) Huntington Williams (Date rec'd by registrar) JUN 21 1943

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1943, at 4:50 P.M.

21. I certify that I took charge of the remains described above, held an Inquest Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration
Due to Arteriosclerotic cardiovascular disease • hypertension

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 19, 1943

G 05530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 G 05530 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1944 Light St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IRENE F. JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Jan 18, 1928

8. AGE: Years	Months	Days	If less than one day
15	5	2	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name John J. Johnson
13. Birthplace Balto.

MOTHER
14. Maiden Name Virginia Tucker
15. Birthplace Balto

16 (a) Informant Family
(b) Address 1944 Light St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Pasapsco Rd.

18 (a) Funeral director James L McCarty
(b) Address 136 E. Fort Ave
(c) Huntington Williams, M.D.

JUN 21 1943 (Date received by registrar) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 6 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 23-J
(a) Date of injury 6-20-43 at 5:15 P. M.
(b) Where did injury occur? foot of Light St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? —
(d) Means of injury Drowned while swimming

23. Signature H. L. Wallenstein M.D. Medical Examiner.
Date signed 6-20-43

Please answer all questions as carefully and completely as possible. Physicians: please write the causes of death clearly and legibly.

G 05531

G 05531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3462 Seneca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3462 Seneca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert C. Madairy
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife May H. Madairy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1876

8. AGE: Years	Months	Days	If less than one day
66	9	8	hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Textile Mills

FATHER
12. Name James Madairy
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Annie Howard
15. Birthplace Baltimore County

16 (a) Informant Mrs Mary H. Madairy
(b) Address 3462 Seneca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Baltimore

18 (a) Funeral director Leonard J. Keck
(b) Address 5305 Harford Road
18 (c) Huntington Williams M.D. (Signature of registrar) Registrar

JUN 21 1943 (Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to June 20 1943 and that I last saw h. alive on 6-19 1943.

Immediate cause of death	Duration
(a) Coronary thrombosis	2 hrs.
Due to Chronic myocarditis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies M. D.
Address 800 W 39th Date signed 6-21-43

05532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 05532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Columbia Sanatorium
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Orleans St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1876

8. AGE: Years	Months	Days	If less than one day
67		1	hr. min.

9. Birthplace West Indies (Town, county and state)

10. Usual Occupation Bleo Lumber

11. Industry or business

FATHER
12. Name Joseph Ford
13. Birthplace West Indies

MOTHER
14. Maiden Name Marquita ----
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL JUN 21 1943
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUN 21 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1943, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1943 to 6/18 1943 and that I last saw him alive on 6/17 1943.

Immediate cause of death Pneumonia, lobar and Uremia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ross B. Brooks M. D.
Address Mercy Hosp. Date signed 6/19/43

VS 150

0183

05533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G 05533
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JERRY SCAGGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26. 1939

8. AGE: Years 3 | Months 11 | Days 26d | If less than one day hr. min.

9. Birthplace Ashland Kentucky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ollie Scaggs
13. Birthplace Ashland Kentucky

MOTHER
14. Maiden Name Geneva Back
15. Birthplace Ashland Kentucky

16 (a) Informant Ollie Scaggs
(b) Address 23 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Ashland Kentucky

18 (a) Funeral director J. Hegmann & Son
(b) Address 32 S. Broadway

19 (a) JUN 21 1943 (Date rec'd by registrar) per Arlington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 8 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Intra cranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 6-J
(a) Date of injury 6-20-43 at 7:30 P. M.
(b) Where did injury occur? Broadway 150 N of Baltimore
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work?
(d) Means of injury fall from street car struck by auto

23. Signature T. H. Williams M.D. Medical Examiner.
Date signed 6-21-43

VS 151

G 05534 T.H

BALTIMORE CITY HEALTH DEPARTMENT

81901 CERTIFICATE OF DEATH 46 D

G 05534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ✓ (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1548 W. Fulton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary McCrea

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1862

8. AGE: Years	Months	Days	If less than one day
80	11	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Fremington

13. Birthplace Maryland

MOTHER 14. Maiden Name Ann Wilkerson

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director John J. Mitchell Sons

(b) Address 1900 Eutaw Place

JUN 21 1943

(Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943 at 1 39 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1943 to 6-20 1943 and that I last saw h e alive on 6-20 1943

Immediate cause of death Sarcoma of rectum

Due to gangrene left foot

Due to generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Haas M. D.

Address Balto City Hosp. Date signed 6-21-43

G 05535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50

G 05535

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town Milford
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 15 - 78

8. AGE: Years	Months	Days	If less than one day
65	2	6	hr. min.

9. Birthplace Delaware
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas Taylor
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Coffin
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof June 23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Milford Cem Co
Location Milford Del

18 (a) Funeral director John P. Mitchell & Son
(b) Address 1900 Eastern Ave.

19 (a) JUN 21 1943 (b)
(Date received by Registrar)
for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 10 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 21 1943 and that I last saw h alive on June 21 1943

Immediate cause of death: Pulmonary embolism — Duration: minutes

Due to

Due to

Other Conditions: Radical mastectomy 10 days for Carcinoma breast.
(Include pregnancy within 3 months of death)

Date of operation 6/11/43

Major findings of operation: Carcinoma L breast.

Autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Longmire Jr. M.D.
Address Johns Hopkins Hosp. Date signed 6/24/43

G 05536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05536 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 E Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Margaret Mary Thornton O.S.P.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	19	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Elizabeth E Adler
15. Birthplace Virginia

16 (a) Informant Mother M. Teresa
(b) Address 501 E Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Frederick Road

18 (a) Funeral director Mrs. Peter A. Hilbert & Sons
(b) Address 1129 N. Carlton St.

JUN 21 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 11.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 42 to June 19 1943, and that I last saw h[illegible] alive on June 18 19 43.

Immediate cause of death — Duration

Cardiac Failure

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Albert Gatard per Wm. F. Peace M. D.

Address 2105 N. Charles St Date signed 6/24/43

G 05537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05537 Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Joseph Wells Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1941

8. AGE: Years 2 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William J. Wells
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant W. J. Wells
(b) Address 814 W North Ave, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Howard Co.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 JUN 21 1943
(c) Filed by (Date) Registrar Huntington Williams

MEDICAL CERTIFICATION 4:15 PM

20. DATE OF DEATH 6-19 1943, at

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1943, to 6-19 1943, and that I last saw h[im] alive on 6-19 1943.

Immediate cause of death Generalized Peritonitis.

Due to Ruptured Suppurating appendix

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E Brodsky M.D.
Address Sinai Hospital Date signed 6/20/43

VS 180

G 05538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8301

G 05538 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 South Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 60 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 South Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Therese Budrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1861

8. AGE: Years	Months	Days	If less than one day
82	3	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fredrick Hohman
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant Mrs. Therese Willingham
(b) Address 122 South Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Geo. W. Schwab
(b) Address 2101 Frederick Avenue

19 (a) JUN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1943 to June 20 1943. and that I last saw her alive on June 19 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Arteriosclerosis
Due to Aging
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kimmel M. D.
Address 1934 W. Lexington St. Date signed 6/22

G 05539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05539 / 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 E. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Coomes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Thomas Jefferson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/83

8. AGE: Years	Months	Days	If less than one day
59 yrs.	10	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Kaltenhauser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Thomas. J. Coombs (husband)
(b) Address 2233 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

JUN 21 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1943, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943, to June 17 1943, and that I last saw her alive on June 17 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertension C.V. Renin

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Christian J. Richter, M.D.
Address St. Joseph's Hosp. Date signed 6/17/43

VS 2

05540
436127

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 05540
Registered No.

CERTIFICATE OF DEATH 134a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: HOS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 pranka.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Madden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	married

6 (b) Name of husband or wife Edward Madden
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 3/28/91

8. AGE: Years	Months	Days	If less than one day
52	2	24	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Va

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Records.
(b) Address HOS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6 24 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stevenson Chapel
Location Sparks, Md

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 JUN 22 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June-21 1943, at 1.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June-11 1943, to June 21 1943, and that I last saw her alive on June-21 1943.

Immediate cause of death SEPTICEMIA - B. COLI. — Duration

Due to PYONEPHROSIS, LEFT.

Due to NEPHROLITHIASIS, LEFT.

Other Conditions HYDROCEPHALUS, INTERNAL.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rufus M. Rael
Address Johns Hopkins Hospital Date signed 6/21/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

05541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 05541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution: 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towsonwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mont
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife no husband

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years 81 Months Days If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name not known
13. Birthplace

MOTHER
14. Maiden Name not known
15. Birthplace

16 (a) Informant Daughter
(b) Address not known

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/21/43 (month) (day) (year)

(c) Cemetery or crematory Rainswood
Location Va

18 (a) Funeral director William Cook Inc.
(b) Address 327 St. Paul St

19 JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1943 to 6/21 1943 and that I last saw h alive on 6/21 1943

Immediate cause of death Pulmonary Collapse — Duration

Due to Coronary Thrombosis

Due to

Other Conditions Gangrene

(Include pregnancy within 3 months of death)

Date of operation unknown

Major findings of operation: Gangrene

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Morgan M. D.
Address U. Hospital Date signed 6/24/43

VS 3

Correct age if apparently important. Physician: please write the causes of death clearly and legibly.

05542

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 74 a/

Registered No. 5542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or "unknown" or "none" inserted, where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [illegible]

(c) Hospital or institution:

[illegible]

(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]

(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mich. (b) County

(c) City or town Xxxix Detroit

(If outside city or town limits, write RURAL and give town)

(d) Street No. [illegible] Stimson Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME [illegible]

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years: 46 | Months | Days | If less than one day: hr min

9. Birthplace [illegible]

(Town, county, and state)

10. Usual Occupation: Sailor

11. Industry or business

FATHER

12. Name [illegible]

13. Birthplace [illegible]

MOTHER

14. Maiden Name [illegible]

15. Birthplace [illegible]

16 (a) Informant [illegible]

(b) Address [illegible]

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-24-43. (month) (day) (year)

(c) Cemetery or crematory Marine City, Mich.

Location Marine City, Mich.

18 (a) Funeral director A. Lee & Son

(b) Address 4647 York Rd.

JUN 22 1943

(b) Huntington Williams, M.D. Registrar

(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943, at 1:30 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943, to June 21, 1943, and that I last saw him alive on June 21, 1943.

Immediate cause of death Pneumonia, Hypostatic, Chronic

Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature (O.S. Blank)

Address U.S. Marine Hospital Date signed 6/21/43 M.D.

Baltimore, Maryland. (coba)

VS 150

M. D. B. 1203-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 05543

05543

CERTIFICATE OF DEATH

1. PLACE OF DEATH House of the Good Shepherd 46F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 South Mount St. (Ward)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Pfeifer

(a) Residence: No. 15 S Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kenderhook N Y near Albany, N Y.

FATHER

13. NAME John Pfeifer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Reynold

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of the Good Shepherd
(Address) Monroe & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 6/22 1943

19. UNDERTAKER J. J. Fahey Sons
(Address) 1131 Light St.

20. Filed JUN 22 1943 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1943

22. I HEREBY CERTIFY, That I attended deceased from Aug 1941 to June 20 1943

I last saw her alive on June 18 1943. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Gall Bladder	1 Yrs
* Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Fred Krauss M. D.

(Address) 1800 N Charles St.

BRIEF CAUSE OF DEATH in plain terms, as may be understood by anyone. See instructions on back of certificate. OCCUPATION is very important.

G 05544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137a

G 05544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES A. HOLSHAUSER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife: Mary A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day: hr	min
70				

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Available
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Guy A. Farley
(b) Address 1800 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Dayton Md

18 (a) Funeral director Guy A. Farley
(b) Address Fayette Cor Fayette

19 (a) JUN 22 1943 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 6 45 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Urinary retention
Due to Hypertrophied prostate

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 6-24-43

VS 181

05545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

G 05545
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams + Caton Aves
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 83 S. Kossuth St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Crocker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-43

8. **AGE:** Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nelson Crocker
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Dutcaw
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 21 1943
Commissioner of Health

18 (a) Funeral director

(b) Address

19 JUN 22 1943 (Signature) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 150

0184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 15 1943 and that I last saw her alive on June 15 1943

Immediate cause of death
Congenital atelectasis — Duration 15 min

Due to Marasmus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Dwyer M.D.

Address St Agnes Hosp Date signed 6/21/43 M. D.

G 05546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164 B Registered No. G 05546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland found in water
(b) Street address near No 7. Buoy
(c) Hospital or institution: Patapsco

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 4 Lingerel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD BRATHOR

3 (b) If veteran, name war: World

3 (c) Social Security Account No. --

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1884

8. AGE: Years: 59 | Months: -- | Days: -- | If less than one day: hr. min

9. Birthplace Ft. McKinley, Wyoming (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Thomas Brather
13. Birthplace Penn.

MOTHER
14. Maiden Name Amanda Linn
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mr. H. H. McKenney (Att'y. Committee)
(b) Address 509 Annesley Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Nat'l.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICHNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 23 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943, at 6 40 P. M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH drowning

Due to suicide

Other Conditions no

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-19-43 at 4 30 P. M.
(b) Where did injury occur? near No 7. Buoy Patapsco
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury jumped from boat

23. Signature H. J. Wollenweber M.D. Medical Examiner
Date signed 6-24-43

VS 161

G 05547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

G 05547 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 W. Cold Spring Lane
(c) Hospital or institution:
Elkins Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 W. Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LLOYDIA PUMPHREY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
88 87			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Lloyd Pumphrey
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Rebecca Grimes
15. Birthplace Balto. Co., Md.

16 (a) Informant Mr. C. E. Cambridge
(b) Address 209 Tarlow Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNOR & SONS
(b) Address Baltimore, Md.

19 (a) JUN 22 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943 at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to June 20 1943, and that I last saw her alive on June 18 1943.

Immediate cause of death: Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. H. Puttermon

Address 2324 Pennsylvania Ave Date signed 6/22/43 M. D.

G 05548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G 05548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 North Calvert Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Miss Ida S. Radecke (Ila Sophia Radecke)

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: --

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) May 16, 1868

8. AGE: Years: 75 | Months: 1 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name HERMAN F Radecke (D)

13. Birthplace GERMANY

MOTHER 14. Maiden Name Mary Meyer (D)

15. Birthplace GERMANY

16 (a) Informant Miss Emma Radecke.

(b) Address 2730 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6, 21, 43 (month) (day) (year)

(c) Cemetery or crematory St. Paul's Cem.

Location Violetville

18 (a) Funeral director [illegible] BUCKNER & SONS

(b) Address Baltimore [illegible]

19 (a) JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June twenty first 1943. at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9th 1943. to June 21st 1943 and that I last saw her alive on June 21 1943.

Immediate cause of death Cardio-Respiratory Failure — Duration

~~Due to Generalized arteriosclerosis~~

Due to Carcinoma of Liver, metastatic ~~cachexia or toxemia~~ Carcinoma of gall bladder

Other Conditions Jaundice, Cachexia, Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca of gb. & liver

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Newland Edward Day M. D.

Address Union Memorial Hosp. Date signed June 21, 1943

VS 150

G 05549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 05549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Cathedral St
~~(or Hospital or institution:~~ Severn Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Cathedral St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE Thorndike TIFFANY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-56

8. AGE: Years	Months	Days	If less than one day
87	3	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George Peabody Tiffany
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anne Dickey
15. Birthplace Boston Mass

16 (a) Informant C. Wyatt Tiffany
(b) Address 101 W Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Bgto Md.

18 (a) Funeral director Henry W Jenkins & Jno W
(b) Address McCulloh & Orchard Sts

19 (a) JUN 22 1943 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/43 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 20 1943
and that I last saw h alive on 6/20/43.

Immediate cause of death Myocarditis — Duration Months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Woody
Address 1402 Eastern Date signed 6/22/43

VS 3

G 05550 432551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 05550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Baroness Von Schlotheim

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Baron Von Schlotheim
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 8/21/82

8. AGE: Years	Months	Days	If less than one day
60	9/10	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Colin M. Paston Paine
13. Birthplace Md.

MOTHER
14. Maiden Name Alvia M. Mc Creary.
15. Birthplace Pa.

16 (a) Informant Renda.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 '43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry McSherry Son Co
(b) Address McCulloh & Richards Sts

JUN 22 1943 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June-21 1943, at 6 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1943 to June-21 1943, and that I last saw h[illegible] alive on June-21 1943.

Immediate cause of death Intestinal obstruction. due to Carcinoma of the colon
Due to Generalized Metastasis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 18 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Boyd Veeat M.D.
Address Johns Hopkins Hosp. Date signed 6/22/43

VS 180

Charles Mound, Jr.

05551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G 05551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 S Conkling
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S Conkling
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clarence Edgar McGilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rosa McGilton

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 6 1876

8. AGE: Years 62 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Worker

11. Industry or business Balto Dyeing Co

FATHER
12. Name Charles McGilton
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Md

16 (a) Informant Chas McGilton
(b) Address 1809 E Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto

18 (a) Funeral director Wilson Funeral Home
(b) Address 2004 E. Baltimore St

19 (c) JUN 22 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1943, at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1942 to 1943, and that I last saw him alive on 6/20 1943.

Immediate cause of death Carcinomatosis
of Stomach with
Metastases Liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles L Cox
Address 3210 Eastern Ave Date signed 6/20/43

VS 180

G 05552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. G 05552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2878 Chesterfield
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2843 Chesterfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Horst

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine Horst
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept 24-1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	8	25		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name — Horst
13. Birthplace Germany

MOTHER
14. Maiden Name — Schuster
15. Birthplace Germany

16 (a) Informant Irving Horst
(b) Address 3311 Gremton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19 JUN 22 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 4:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943, to June 19 1943, and that I last saw h alive on June 19 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	9 days
Due to Hypertension	Several years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Beach M. D.
Address 2229 St Paul St Date signed 6/22/43

G 05553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92D

G 05553
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Francis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 5-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Francis St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lula M. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. ##

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Wm. Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1871

8. AGE: Years	Months	Days	If less than one day
71	7	21	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Bush
13. Birthplace Virginia

MOTHER
14. Maiden Name Magdelin Bush
15. Birthplace Virginia

16 (a) Informant Carsey Bush
(b) Address 2418 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1943 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Laura V. Holland
(b) Address 1695 Druid Hill Ave.

19 (a) [illegible] (b) [illegible]
(Signature of registrar) Registrar

JUN 22 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19- 1943 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1- 1943 to 6-19- 1943, and that I last saw her alive on 6-19- 1943.

Immediate cause of death Chronic Valvular Heart Disease — Duration 2 yrs.
Due to
Due to
Other Conditions Hemiplegia — Duration 15 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George C. Page
Address 1516 N. Mount St. Date signed 6-22-43

05554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 05554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N. Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 425 N. Monument St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Henry B. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 0 11 0

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susan J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1862

8. AGE: Years 80 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Lexington, S.C. (If not in U.S., give country and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Susan J. Johnson
(b) Address 425 N. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1613 Pennsylvania Ave. (Give street address)

19 JUN 22 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 - 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 - 1942, to June 18 1943, and that I last saw h alive on June 18 1943.

Immediate cause of death: Myocardial insufficiency — Duration: 1 day
Due to Chr. Myocarditis — 5 yr.
Due to
Other Conditions Chr. arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alan J. Keller M. D.
Address 222 W. Monument St. Date signed 6 Jun 43

G 05555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 05555

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 Argyle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 Argyle Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Julia Johnson
(c) If alive, [illegible] age years

7. Birth date of deceased (mo., day, yr.) 3-15-1882

8. AGE: Years 61 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Essex Co. Md
(Town, county, and state)

10. Usual Occupation Painting House

11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Piggy Green
15. Birthplace Va.

16 (a) Informant Hattie Saunders
(b) Address 1926 Penna. Ave

17 (a) Shipped (b) Date thereof 6/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Good Hope
Location Dundalk Essex Co. Va

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna Ave.

19 JUN 22 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943, at 10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Coroner Medical Examiner.
Date signed 6-24-43

05556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 05556
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Greenwillow St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Greenwillow St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William See

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1911

8. AGE: Years	Months	Days	If less than one day
31	30	10	hr. min.

9. Birthplace Washington D. C.
(town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William See
13. Birthplace Northumberland Co Md

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace Charles County Md

16 (a) Informant Mrs. Pearl Thomas
(b) Address 630 Greenwillow St

17 (a) Burial (b) Date thereof 6/22/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JUN 22 1943 (Signature) for Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 6.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1943 to June 18 1943 and that I last saw him alive on June 18 1943

Immediate cause of death: Pulmonary TB — Duration 8 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 763 Druid Hill Ave Date signed 6/22/43

05557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 05557
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 515 W. Montgomery St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN MOODY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) unknown 1857

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Benj. Moody
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Maria
15. Birthplace Balto.

16 (a) Informant Mozella Winges
(b) Address 1198 W. Lexington St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 24 43 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 N. Hamilton St.

19 JUN 22 1943 Hattie Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 3 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above; and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
for Medical Examiner.
Date signed 6-21-43

VS 181

05558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1712 Registered No. G 05558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 E Weber St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY J. HANEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/1/1893

8. AGE: Years	Months	Days	If less than one day
49	9	21	20 hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Letter Carrier
11. Industry or business U.S.

FATHER
12. Name Harry Haney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary E Keeley
15. Birthplace Baltimore

16 (a) Informant Mrs Mary E Keeley
(b) Address 118 Weber St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43. (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Bel Baynerk Road

18 (a) Funeral director J. J Fahey Home
(b) Address 818 Light St.

JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 7:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-20-43 at 12:05 P.M. 24
(b) Where did injury occur? Light St. near Water
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Motor
(d) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 6-21-43

(OVER)

VS 151

05559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05559
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 N. Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 N. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marion L. Jones

3 (b) If veteran, name war W
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Thomas C. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1877

8. AGE: Years	Months	Days	If less than one day
65	9	29	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Franklin A. Pilling
13. Birthplace England

MOTHER
14. Maiden Name Eliza A. Bean
15. Birthplace London England

16 (a) Informant Lillian A. Sager
(b) Address 1508 N. Collington Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 22 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1943. 4:45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9th 1943. to June 20 1943, and that I last saw her alive on June 20 1943.

Immediate cause of death	Duration
Chronic myocarditis & myocardial failure	10 yrs.
Due to Arteriosclerosis Hypertension	
Due to	
Other Conditions Generalized ascites Jaundice	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D.
Address 4206 Harford Road Date signed 6/21/43 M. D.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 05560
Registered No.

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yr. 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertie Folckemmer

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Charles W. Folckemmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1874

8. AGE: Years	Months	Days	If less than one day
69	2	4	hr. 55 min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Charles Fullarod
13. Birthplace Pa

MOTHER
14. Maiden Name E. Hopkins
15. Birthplace E.

16 (a) Informant Charles W. Folckemmer
(b) Address 1200 N. Charles St

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Shrewsburg Pa.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St Huntington Williams, Md.

19 (Date rec'd by registrar) JUN 22 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 6:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943. to June 21 1943.
and that I last saw her alive on June 20. 1943.

Immediate cause of death Respiratory failure — Duration 1

Due to Cerebral hemorrhage

Due to Hypertension and Arteriosclerosis

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert F. Berry, M.D.
Address Mercy Hospital Date signed 6/24/43

VS 150

05561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. G 05561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Frederick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Scheuermann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 20th 1861

8. AGE: Years	Months	Days	If less than one day
81	7	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Chas. C. Scheuermann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna E. Wunderoth
15. Birthplace Germany

16 (a) Informant Miss Edna McAllister
(b) Address 3512 Frederick Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 120 S. Paul St.

19 (a) JUN 22 1943 (Date rec'd by registrar) JUN 22 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943 to June 21 1943 and that I last saw her alive on June 19 1943.

	Duration
Immediate cause of death: Shock from Trauma	2 days
Due to: Cerebral Hemorrhage left temple	3 days
Due to:	
Other Conditions: General Arteriosclerosis	5 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 22nd 1943 at ? M
(c) Where did injury occur? 3512 Frederick Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell in Bath Room Tub Due to fall

23. Signature Robt W. Johnson M. D.
Address 3432 Frederick Ave Date signed

Approved Robert Lee Fastern M.D.

C 05562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. C 05562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. Ca
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Boone

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8364

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Theodora V. Boone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3 1901

8. AGE: Years 41 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Nansemond Co., Va. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Herman Boone
13. Birthplace Suffolk, Va.

MOTHER
14. Maiden Name Sarah Faulk
15. Birthplace Va.

16 (a) Informant Theodora Boone
(b) Address 908 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Mrs Katie B. Williams
(b) Address 322 N Schroeder St

19 (a) JUN 22 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1943, at 8:50 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Massive hemoptysis

Due to Chronic pulmonary tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. (Medical Examiner)
Date signed June 19 1943

VS 151

05563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05563
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Delano Ct.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Delano Ct.
(If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME Emma Holloway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife George Holloway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Fluvanna Co. Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Joshua Barnett
13. Birthplace Fluvanna Co. Va.

MOTHER
14. Maiden Name Jane May Hudson
15. Birthplace Fluvanna Co. Va.

16 (a) Informant Emma Day
(b) Address 1620 Delano Ct.

17 (a) Burial (b) Date thereof June 22-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 222 N Fulton Ave
(c) (b) Funeral Director for Williams, Mgr.
(Date rec'd by registrar) Registrar

JUN 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 20 1943 and that I last saw her alive on June 20 1943.

Immediate cause of death
Renal Hemorrhage-Pneumonia — Duration 10 dy
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Watts M. D.
Address 761 Park Date signed 6-22-43

VS 3

G 05564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 05564 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 W. Fayette St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widow

6 (b) Name of husband or wife Wm. H. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1888

8. AGE: Years	Months	Days	If less than one day
54	10	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Unemployed

FATHER
12. Name Noah Johnson
13. Birthplace Va

MOTHER
14. Maiden Name Rosa Holmes
15. Birthplace Va

16 (a) Informant Ernest Johnson
(b) Address, 224 N. Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1943 (Month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 22 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1943. at 3:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1943 to 6-18-1943. and that I last saw her alive on 6-18-1943.

Immediate cause of death	Duration
Cerebral hemorrhage	one day
Due to	
Due to	
Other Conditions Hypertension, arteriosclerosis & myocarditis	unknown

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 N. Stricker St Date signed 6-21-43

VS 150

CAUSES WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 M

G 05565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: SINAI HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Oakfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: DAVID SCHIMMEL.

3 (b) If veteran, name war: ---------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Minnie A. Schimmel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1872.

8. AGE: Years	Months	Days	If less than one day
72	7		hr. min.

9. Birthplace: Austria. (Town, county, and state)
10. Usual Occupation: Retired Merchant.
11. Industry or business:

FATHER
12. Name: Moshlaib Schimmel.
13. Birthplace: Austria.

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Austria.

16 (a) Informant: Mr. I. Wm. Schimmel.
(b) Address: 3304 Oakfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43. (month) (day) (year)
(c) Cemetery or crematory: Shaarei Zion
Location: Rosedale, Md.

18 (a) Funeral director: Sarah Sonneborn & Son
(b) Address: 1803 Eutaw Place

19 (a) JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/ 1943 at 1140 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1943 to 6/21 1943, and that I last saw h[illegible] alive on 6/21 1943.

Immediate cause of death: Pulmonary edema

Due to: Cardiac failure

Due to: Cerebro vascular H.D

Other Conditions: Carcinoma of GI tract. Diabetes Mellitus
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm Schimmel
Address: Same Hosp Date signed 6/24/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] item of information should be carefully [illegible] with [illegible] INK. Every

05566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G 05566 Registered No.

The ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St and Linkade
(c) Hospital or institution:
Md. Gen Hosp
(d) Length of stay in hospital or inst. (yrs. mos., or days) 1 | 31
(e) Length of stay in Baltimore (yrs. mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Union Ave
(If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME George Balderston

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-1174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Blanche Balderston
6 (c) If alive, give age 1895

7. Birth date of deceased (mo., day, yr.) April 6, 1885

8. AGE: Years	Months	Days	If less than one day
5058	2	15	hr. min.

9. Birthplace ? Maryland
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ? Josiah Balderston
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Mary Buckingham
15. Birthplace Maryland

16 (a) Informant Lora J. Russell.
(b) Address 1226 Union Ave.

17 (a) Burial (b) Date thereof June 23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director C. Lehnard & Sons
(b) Address 2615-17 Eastern Ave

19 (a) JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to 19 , and that I last saw him alive on June 21 1943

Immediate cause of death Coronary Thrombosis
Due to arteriosclerotic C.V.D with decompensation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams M. D.
Address Md Gen Hosp. Date signed June 21, 1943

VS 180

05567 ALRich

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2324 193E

Registered No. G 05567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Caldspring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 W. 25th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifton P. Ulrich.
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife Mary L. Ulrich.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1870

8. AGE: Years	Months	Days	If less than one day
73	-	15	hr. min.

9. Birthplace Delaware. (Town, county, and state)
10. Usual Occupation Retired Chauffer
11. Industry or business Balto Police Dept

FATHER
12. Name Lucas Ulrich.
13. Birthplace Del.

MOTHER
14. Maiden Name Matilda Pierce.
15. Birthplace Del.

16 (a) Informant Clifton L. Ulrich.
(b) Address 1313 Shore Rd. Middle River.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location

18 (a) Funeral director Ehrman & Sonnborn
(b) Address 2445-47 Chestnut Ave.

JUN 22 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1943 to June 20 1943, and that I last saw h[illegible] alive on June 18 1943.

Immediate cause of death: Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Patterson M. D.
Address 2324 Reisterstown Rd. Date signed 6/22/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] WITH UNDERLINING INK. Every item of information should be carefully [illegible]

G 05568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160c

G 05568 Registered No.

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 GOUGH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) LIF E

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 GOUGH ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE M. WICKHAM

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SING L E

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 20 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name KENNITH WICKHAM
13. Birthplace MD.

MOTHER
14. Maiden Name KATHERINE KNOLE
15. Birthplace PA.

16 (a) Informant KENNITH WICKHAM (FAT HER)
(b) Address 3703 GOUGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 21/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Feiler INC.
(b) Address 403 S. WOLFE ST.

19 JUN 22 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/43 19 , at 4:00 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 19 43 to 6/21 19 43, and that I last saw her alive on 6/20 19 43.

Immediate cause of death Premature Labor — Duration

Due to placenta previa

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3 S. Caroline Street Date signed

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05569 — 17-45085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓153

Registered No. G 05569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. TO HOME (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Fisher or Fischer

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	WIDOWER

6 (b) Name of husband or wife ANNA FISCHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-66

8. AGE: Years	Months	Days	If less than one day
77	1	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed for 2 yrs.
11. Industry or business

FATHER
12. Name Casper Fisher (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Meyer
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 23/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. WOLFE ST.

19 JUN 22 1943 (b) Huntington Williams, M.D. Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1943, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1939 to 6-21 1943, and that I last saw him alive on 6-21 1943.

Immediate cause of death Duodenal Ulcer — Duration 4 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julia Apter (for P.H.)
Address Baltimore City Date signed 6/24/43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05570

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46B

G 05570 Registered No.

Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County -
(c) City or town Chelsea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 92 Marginal Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HILMAR HANSEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Stajah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1883

8. AGE: Years 59 | Months 10 9 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Lodingen, Norway
(Town, county, and state)

10. Usual Occupation Captain

11. Industry or business Merchant Marine

FATHER
12. Name Hans Hansen
13. Birthplace ? Norway

MOTHER
14. Maiden Name Helsina Anderson
15. Birthplace ? Norway

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory Holly Grove
Location Woodlawn Mass.

18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Road

JUN 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1943, to June 21, 1943, and that I last saw him alive on June 21, 1943.

Immediate cause of death Extensive infection of surgical wound — Duration 10 days

Due to Adenocarcinoma of the stomach, post operative — Duration Unknown

Due to ...

Other Conditions Marked congestion & edema of all organs — Duration 10 days
(Include pregnancy within 3 months of death)

Date of operation 6/8/43

Major findings of operation: Carcinoma of stomach

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -

23. Signature W. S. Bean

Address Baltimore, Md. Date signed 6/22/43

VS 150

No. 46211

G 05571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G 05571
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Boone St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Robert E Mackinson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-03-7371

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Katherine Mackinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1899

8. AGE: Years 43 | Months 6 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Machinist Bethlehem

11. Industry or business Shipyard

FATHER
12. Name Robert L. Mackinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida Wolfenden
15. Birthplace Baltimore, Md.

16 (a) Informant Charles H. Mackinson
(b) Address 1319 Hollins street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)

(c) Cemetery or crematory Western
Location

18 (a) Funeral director Chas J. Evans & Son 1249
(b) Address 118 E. Mt. Royal Ave

19 JUN 22 1943 (Date rec'd by registrar) (b) Huntington Nottingham M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 6 30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Heat prostration

Due to

Other Conditions Cardiac hypertrophy, slight
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 21 1943 at 5 30 P M.
(b) Where did injury occur? Outside Bethlehem Shipyards Sparrows Pt. Md.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Heat plus exertion

23. Signature Robert Lee Scarborough M.D.
Medical Examiner.
Date signed June 22 1943

VS 151

G 05572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Maisel Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Maisel st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edmund B. Knauff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Sula S. Knauff
6 (c) If alive, give age 72 Years

7. Birth date of deceased (mo., day, yr.) Feb 6 - 1871

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace Balto - Md
(Town, county and state)

10. Usual Occupation Cooper Shop

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Balto. Md.

18 (a) Funeral director Ambrose Orr
(b) Address 444 N Fulton Huntington Williams MD

JN 22 1943
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to June 21 1943, and that I last saw him alive on June 18, 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	weeks —
Due to Arteriosclerotic Heart Disease	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2423 Woodington Blvd. Date signed 6/22/43

VS 180

The 1 cannot age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WILL BE UNAVAILING INA...

G 05573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 248 N Frankhaton rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 N. Franklintown rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara A. Baird

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 · 1941

8. AGE: Years 2. Months 1 Days 7 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Abner Dean. Baird
13. Birthplace White Hall md.

MOTHER
14. Maiden Name Elizabeth Poggi
15. Birthplace Baltimore Md.

16 (a) Informant Mother
(b) Address 248 N. Franklintown Rd

17 (a) Burial (b) Date thereof 6/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Ambrose Funeral
(b) Address 414 N Franklintown rd.

JUN 22 1943
(Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943, to June 21 1943, and that I last saw her alive on June 20 1943.

Immediate cause of death: Pulmonary Edema — Duration 3 Hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed June 22 1943 M. D.

VF 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 05574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

G 05574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 81 S Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Minter

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife James M Minter

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec 26. 1909

8. AGE: Years 33 | Months 6 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Martinsville Va (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Adolphus J. Christman

13. Birthplace North Carolina

MOTHER 14. Maiden Name Virginia Minter

15. Birthplace Henry Co. Va

16 (a) Informant James M. Minter

(b) Address 81 S. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location Martinsville Va

18 (a) Funeral director Thos. J. Kemp

(b) Address 1600 Hollins St

JUN 22 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942 to June 20 1943 and that I last saw h er alive on June 19 1943.

Immediate cause of death Streptococcal Cachexia

Due to Carcinoma of the Pelvis

Due to Multiple adjacent abscesses.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: Ca of Cervix by biopsy

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz MD

Address Sinai Hosp Date signed 6-20-43 M. D.

VS 150

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G 05575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05575 / 126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 S. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bailey, Mrs Ella

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Chas Bailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1870

8. AGE: Years	Months	Days	If less than one day
73 71	5	19	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name ~~Father~~ Thos Tolligaus
13. Birthplace Lithuania

MOTHER
14. Maiden Name Hanes Frankirich
15. Birthplace Lithuania

16 (a) Informant Mrs Evelyn Fulton
(b) Address 834 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd

18 (a) Funeral director Hyp & Emmy
(b) Address 16 00 Hollins St.

JUN 22 1943 Registrar

Registered by Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to June 20 1943, and that I last saw her alive on June 20 1943.

Immediate cause of death	Duration
Acute Myocardial Failure	
Due to Arteriosclerotic Heart disease	?
Due to	
Other Conditions Cancer of Bile duct stone (Include pregnancy within 3 months of death)	2 wks

Date of operation June 20 1943
Major findings of operation: Cancer of Bile duct stone
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Fuller Jr M. D.
Address Church Home + Infirmary Date signed 6-20-43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146F

G 05576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2327 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2327 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha McEntire

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1876

8. AGE: Years 67 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Owen
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Tunney
15. Birthplace Ireland

16. (a) Informant Alice McEntire
(b) Address 2327 N. Calvert St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Location Baltimore

18 (a) Funeral director Martin Jakstas
(b) Address 1827 N. North Ave.

19 (a) JUN 22 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to June 21 1943, and that I last saw h[illegible] alive on June 21 1943.

Immediate cause of death Carcinoma of Liver — Duration 1942

Due to Metastasis unknown — 1943

Due to

Other Conditions Tuberculosis — 1943

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industsial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Brady M. D.
Address 511 Glendon Ave Date signed June 24 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] of information should be carefully supplied.

G 05577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Montpelier St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J Monahan (MONAGHAN)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1878

8. AGE: Years	Months	Days	If less than one day
65 S.T.	3	4	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Retired Salesman.
11. Industry or business

FATHER
12. Name Michael J. Monaghan
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Grimes
15. Birthplace Ireland.

16 (a) Informant Rev. Hugh J. Monaghan
(b) Address Wylie & Park Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lennon
(b) Address 4611 Park Heights Ave

19 (a) JUN 22 1943 (Date rec'd by Registrar) (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 8:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to

Other Conditions Hypertensive cardiovascular disease

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner
Date signed June 22 1943.

G 05578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05578

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2732 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 Edmondson Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT M. HOPF.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race White | 6 (a) Single, married, ~~widowed~~ or divorced Married

6 (b) Name of ~~husband or~~ wife Anna Hopf

(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 25 1870

8. AGE: Years 72 | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Geo Hopf
13. Birthplace Germany

MOTHER
14. Maiden Name Albertina Bleiler
15. Birthplace Germany

16 (a) Informant Anna Hopf
(b) Address 2732 Edm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/43 (day) (year)
(c) Cemetery or crematory Greenmount Pk.
Location F Ave Station

18 (a) Funeral director Geo H Lepinski
(b) Address 525 N Fremont St

19 (a) (Signature of registrar) (b) Registrar Huntington Williams, M.D.

JUN 22 1943
VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1943 to June 20 1943 and that I last saw her alive on June 20 1943.

Immediate cause of death Chronic interstitial Nephritis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter [illegible] M. D.
Address 537 Wilkens Ave Date signed 6-27-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 E

G 05579
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B. Cogswell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Walter C. Cogswell
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Abt. July 1865

8. AGE: Years	Months	Days	If less than one day
Abt. 78	11		hr. min.

9. Birthplace McKeesport, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. Long
13. Birthplace United States

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Walter C. Cogswell
(b) Address 2202 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24,1945 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. W. Hammeran
(b) Address 1003 W. Baltimore St.

19 (a) Registrar (b) Huntington Williams M.D. Registrar

JUN 22 1945

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1945 at 2.15P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943. to June 21 1945.
and that I last saw her alive on June 21 1943.

Immediate cause of death Uremia Delirium
Hypostatic Congestion.
Bronchitis. Endocarditis

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Hatch M. D.
Address 2151 Wilkens Ave. Date signed 6/22/45

G 05580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05580 Registered No.

The information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Frederick Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Frederick Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Louis Rolf, Sr.

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth Rolf
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) August 11, 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	10	10		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Charles A. Rolf.
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Scheidt
15. Birthplace Germany

16. (a) Informant Elizabeth Rolf
(b) Address 4703 Frederick Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Geo. W. Schwab
(b) Address 1101 Frederick Avenue
(c) Filed JUN 25 1943 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 11:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to June 21 1943 and that I last saw ~~him~~ alive on 6-21 1943.

Immediate cause of death: Hypostatic pneumonia
Due to: Chronic Nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A H Carruthers M. D.
Address 4709 - Hudson Date signed 6-24-43

G 05581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 Balto. Genl. Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lv
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Riverside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Edward Malone

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 218-01-0201

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1892

8. AGE: Years 51 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Govt. Ship Repairs

FATHER 12. Name Wm. J. Malone

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Mary Wyatt

15. Birthplace Balto. Md

16 (a) Informant Mrs Irene Keller

(b) Address 4020 Aragon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Balto. Md.

18 (a) Funeral director Plymm & Fleming

(b) Address 1426 Light St.

19 (Date received) JUN 23 1943 (Registrar) Justice for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 21 1943 and that I last saw h[illegible] alive on June 21 1943.

Immediate cause of death: Acute Pulmonary Edema — Duration 1 day

Due to: Acute Cardiac Dilatation — 1 day

Due to: Coronary Thrombosis — 2 wks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris

Address 1007 East Madison St

June 21, 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

VS 150

G 05582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Guilford ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Guilford ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J. Dillon Sr.

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret Johnston Dillon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17- 86

8. AGE: Years 80 | Months 5 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Police Lieut.

11. Industry or business

MOTHER / FATHER

12. Name James J. Dillon

13. Birthplace Ireland

14. Maiden Name Henretta Costolo

15. Birthplace Ireland

16 (a) Informant Edward J. Dillon Jr.
(b) Address 2605 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore Md

18 (a) Funeral director Elmer J. Fleming
(b) Address 1426 Light St.

JUN 23 1943 (Date rec'd by registrar)

(b) Hunting for Nottingham Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 43 at 12.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1933 to June 21 1943 and that I last saw him alive on June 21 1943

Immediate cause of death: Chronic Myocarditis — Duration: study

Due to

Due to

Other Conditions: Arteriosclerosis — Duration: study

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Dillon

Address 112 W. 25th St. Date signed June 22 1943

VS 1

G 05583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

Registered No. G 05583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Ellicott Drive
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 52/11/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Ellicott Drive
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Mary E. Becker

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~####~~ Harry C. Becker
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 7/18/1890

8. AGE: Years	Months	Days	If less than one day
52	11	2	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name George Silberzahn
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anna A. Leach
15. Birthplace Baltimore, Maryland

16 (a) Informant Harry C. Becker
(b) Address 2916 Ellicott Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) (Signature of registrar) (Huntington Williams, M.D.) Registrar

JUN 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942, to June 20 1943, and that I last saw h~~e~~ alive on June 20 1943.

Immediate cause of death: (a) Cerebral hemorrhage — Duration 18 hours
Due to Arteriosclerosis
Due to Chronic Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation ---
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herbert E. Zapp, M. D.
Address 3048 N. North Ave. Date signed 6/23/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05584

BALTIMORE CITY HEALTH DEPARTMENT

MJ-82060

CERTIFICATE OF DEATH 30 F

Registered No. G 05584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs. 26 mi.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Williams Baby Boy (Katie)

3 (b) If veteran, name war: Infant

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1943

8. AGE: Years | Months | Days | If less than one day: 6 hr. 26 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Nathaniel Cozart
13. Birthplace ?

MOTHER
14. Maiden Name Katie Williams
15. Birthplace N.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-18-43 (month) (day) (year) 9:00 A.M.
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave. Baltimore, Md.

18 (a) Funeral director
(b) Address

19 (a) JUN 23 1943 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1943, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 15 1943, and that I last saw deceased alive on June 15 1943.

	Duration
Immediate cause of death: Congenital Syphilis	6 hrs.
Due to:	
Due to:	
Other Conditions: Prematurity	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis B. Goreo M.D.
M. D.
Address Baltimore City Hos. Date signed 6-17-43

VS 150

G 05585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

Registered No. G 05585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3913 Pimlico Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Pimlico Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST BRENDT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Maria.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1900

8. AGE: Years	Months	Days	If less than one day
43	3	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Supervisor
11. Industry or business Western Electric

FATHER
12. Name Charles Wm. Barendt
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Lord
15. Birthplace Balto. Md

16 (a) Informant Mrs. Maria Brendt
(b) Address Balto. Md

17 (a) Burial (b) Date thereof 6/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 23 1943 (b) Signature for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 1 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hepatic Ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 6-21-43

VS 151

05586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 05586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A Hafer Sr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5. 1859

8. AGE: Years	Months	Days	If less than one day
83	10	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John A Hafer Jr
(b) Address 1922 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director William Lee Joe
(b) Address 1219 E Fort St

19 JUN 23 1943 Registrar for Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1941 to June 22 1943, and that I last saw h alive on June 18 1943.

Immediate cause of death Cardiac Disease

Due to (or)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Butterworth M. D.
Address 2324 Reisterstown Rd Date signed 6/23/43

VS 250

G 05587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. G 05587

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Ensor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Ensor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Adler

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2. 1849

8. AGE: Years 93 | Months 6 | Days 20 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Shoe Maker Retired

11. Industry or business

FATHER
12. Name George Adler
13. Birthplace Germany

MOTHER
14. Maiden Name Nehmmel
15. Birthplace Germany

16 (a) Informant Mrs Dorothy Cohen
(b) Address 1413 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wilhelm Greene
(b) Address 1219 E Fayette St

19 (a) JUN 23 1943 (Date filed by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 21 1943 and that I last saw him alive on June 21 1943.

Immediate cause of death: General Toxemia — Duration: 7 days
Due to: Fibroid Phthisis (my impression)
Due to: Myocarditis
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury:

23. Signature Otto Duker
Address 928 E. North Ave Date signed 6/23/43 M. D.

VS 188

G 05588 W-81632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 05588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 1day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Calvert St., Salvation Army (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Granville Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1882

8. AGE: Years	Months	Days	If less than one day
60	11	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Jefferson
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Monroe
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (Wounds)

17 (a) Burial (b) Date thereof 6/24/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul Huntington Williams, M.D.

JUN 23 1943 (Date Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1943, at 12 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1943 to 6-22 1943, and that I last saw h alive on 6-22 1943.

Immediate cause of death Shock secondary to hemorrhage & lacerations of fractures.

Due to Extensive bacterial endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-16-43

Major findings of operation: negative exploration

of autopsy: As above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Henry Hearn
Address Balto. City Hsp. Date signed 6-22-43 M. D.

VS 150

G 05589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 05589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County ——
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 PARK AVE. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME MR JAMES DAWSON CAULK

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 218-10-5304

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Elizabeth Caulk

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Apr 11th 1889

8. AGE: Years 54 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation GUARD

11. Industry or business BETHLEHEM STEEL

FATHER
12. Name ? Caulk
13. Birthplace St. Michaels

MOTHER
14. Maiden Name Gertie Mathona
15. Birthplace Balto

16 (a) Informant MRS JAMES CAULK
(b) Address 1621 PARK AVE.

17 (a) Burial (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 6247 St Paul St

19 (a) JUN 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to June 22 1943 and that I last saw him alive on June 22 1943.

Immediate cause of death: Respiratory failure — Duration: ?

Due to: Spontaneous subdural hemorrhage

Due to:

Other Conditions: Hypertensive Cardio-vascular disease

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Subdural hematoma

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 6-22-43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05590 G 05590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 1-5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 E Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Petza Baby Boy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			23 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Thomas Petza
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Fisher
15. Birthplace Maryland

16 (a) Informant Mrs Eleanor Petza
(b) Address 2213 E. Lombard St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 22 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 22 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943, to June 20 1943, and that I last saw him alive on June 20 1943.

Immediate cause of death
Prematurity (6 month Pregnancy)
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Prematurity (WT 800 gms)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M Cuellar Jr M.D.
Address Church Home Date signed 6-22-43

VS 180

0187

05591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 05591 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 ParkHeightsAve
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15/13
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Boarman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Yetta Dumbar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Jacob Morris Landay
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Russia

16 (a) Informant Mrs Herman Paris
(b) Address 2801 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Halethopre Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

JUN 23 1943 H Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION 3.50

20. DATE OF DEATH June 22 1943, at PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943, to June 22 1943, and that I last saw her alive on June 22 1943.

Immediate cause of death: Myocardial failure — Duration: 1 day
Due to: arterio-sclerosis — 3 yrs
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
1943 Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I Frederick Lantz
Address Temple Garden Apts Date signed 6/23/43 M. D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05592 MT-82094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14

Registered No. G 05592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: [illegible] 71
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town [illegible]
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME [illegible]

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) [illegible] 6

8. AGE: Years 67 | Months 0 | Days 17 | If less than one day: hr. min.

9. Birthplace [illegible] - Baltimore
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) Burial (b) Date thereof June 24. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 501 W. Lafayette St.

19 (a) JUN 23 1943 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1943, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1943, to 6-21 1943, and that I last saw h[illegible] alive on 6/21 1943.

Immediate cause of death
1. Tuberculous Meningitis — Duration 2 wks
2. Brain Abscess

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattus M. D.

Address Baltimore City Date signed 6-21-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓

G 05593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 Forrest St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H McComas

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-3924

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	11	25		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name George H. McComas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary McGuilla
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elenora Menges
(b) Address 831 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4420 Belair Rd. - Balto.

18 (a) Funeral director Elmer W. Coulbourn
(b) Address 924 E. Eager St

19 (a) 6/23/43 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 6 50 A.M.

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage spontaneous

Due to Hypertensive Cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed June 22 1943

VS 151

G 05594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

58D

G 05594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 S Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 M
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 S Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry George Repp

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 4 - 1874

8. AGE: Years 68 | Months 10 | Days 17 | Under 1 day: hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Brewer

11. Industry or business Retired

FATHER
12. Name George Repp
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Droege
15. Birthplace Germany

16 (a) Informant Mrs F Balk
(b) Address 840 S Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 24/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Uhlrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by Registrar) (b) Name of attending physician Harrington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to June 21 1943 and that I last saw him alive on June 21 1943.

Immediate cause of death: Rheumatic Pancarditis Ruptured Esophageal valve

Duration: 5 days

Due to (a) secondary anemia — Duration: May 10

Due to (b) None

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature E Eschenmenk M. D.
Address 842 S Eaton Date signed 6-22-43

JUN 23 1943

05595 New

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 05595

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2006 Hollins St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2006 Hollins St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary J. Seets

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife late John F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug 14, 1869

8. AGE: Years	Months	Days	If less than one day hr.	min
73	10	8		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name — Nicholson

FATHER 13. Birthplace unknown

MOTHER 14. Maiden Name ..

MOTHER 15. Birthplace ..

16 (a) Informant Gladys M. Seets

(b) Address 2006 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23/43 (month) (day) (year)

(c) Cemetery or crematory London Park.

Location 3901 Frederick Rd

18 (a) Funeral director Harry H. Weitzfle

(b) Address 401 E. Lanvale Ave.

19 JUN 23 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1943, to June 22 1943, and that I last saw her alive on June 20 1943.

	Duration
Immediate cause of death: Acute cardiac dilatation	2 hrs.
Due to: Chronic myocarditis	4 yrs
Due to: Hypertension	4 yrs.
Other Conditions: Chronic myocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. N. Fulton

Address 4 N. Fulton Date signed 6-24 1943

VS 150

Please write the causes of death clearly and legibly. Physicians: Please write the causes of death clearly and legibly.

G 05596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 172

Registered No. G 05596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Jackson G Wiser

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-22-6043

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 1899

8. AGE: Years 44 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Marshall Va (Town, county, and state)

10. Usual Occupation Pipefitter

11. Industry or business Shipyard

FATHER 12. Name Thos. Wiser

13. Birthplace Marshall Va

MOTHER 14. Maiden Name Anne Allsop

15. Birthplace Fauquier Va

16 (a) Informant Mrs. Talia W. Wiser

(b) Address 1402 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43. (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kirtley

(b) Address 4101 E Edmondson Ave

19 (a) JUN 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943. at 3.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943. to June 18 1943. and that I last saw h/ m alive on June 18 1943.

Immediate cause of death ligation innominate artery — Duration 2 mins.

Due to Aneurysm at bifurcation innominate artery — 3 wks

Due to Traumatic arterial aneurysm

Other Conditions See reverse — 3 wks

(Include pregnancy within 3 months of death)

Date of operation June 18, 1943

Major findings of operation: Aneurysm innominate art. bifurcation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence May 27 at 3 PM

(c) Where did injury occur? Bolo (City or town) Fairfield (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes

(e) Means of injury: Fell in ship hold - 40 ft.

23. Signature Raymond Sloan Jones M.D.

Address University Hospital Date signed 6-18-43

Approved: Robert Lee Eustace M.D.

VS 3

05597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121

G 05597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 James St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Hunter (Ernest Paul Hunter)

3 (b) If veteran, name war --

3 (c) Social Security Account No. 214-03-0278

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1907

8. AGE: Years 35 | Months 11 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Salesman and Chauffeur

11. Industry or business H. L. Carpel

12. Name Jerome Hunter

13. Birthplace --

14. Maiden Name --

15. Birthplace --

16 (a) Informant Mrs. Catherine B. Hunter

(b) Address 1305 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JUN 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22/43 19 , at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/43 19 , to 6/22/43 19 , and that I last saw h/h alive on 6/22/43 19

Immediate cause of death — Duration

Paralytic Ileus

Due to Acute Suppurative Appendicitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Franklin Sq Date signed

VS 3

05598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Dist. Columbia
(c) City or town Wash. D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 H St. N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lee Mow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Chinese

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

Informant

16 (a) Informant

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)

(c) Cemetery or crematory Washington, D.C.
Location

18 (a) Funeral director J. Wilbur Lee Sons
(b) Address 606 E St. N.W. Washington, D.C.

19 (a) (b) Registrar

JUN 25 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 4.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 23 1943, and that I last saw him alive on June 23 1943

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Hypertensive C-V Disease	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Luting

Address St. Joseph's Hosp. Date signed 6-23-43

G 05599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. G 05599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Reik

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6895

4 Sex Male | 5 Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 22 1896

8. AGE: Years 46 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (Town/county, and state)

10. Usual Occupation Porter

11. Industry or business Clothing

FATHER
12. Name Herman Reyp
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Fannie Wilson
15. Birthplace Va

16 (a) Informant Ruth Drummond
(b) Address 812 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1080 Montgomery Street

19 (a) Date received JUN 23 1943 (b) Registrar Livingston Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/6/ 1943 to 2/19/ 1943 and that I last saw him alive on 2/14/ 1943

Immediate cause of death Cirrhosis of the Liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L H Davidat M.D.
Address 640 W Carrollton Ave Date signed 6/23/43

CERTIFICATE CORRECTED Certificate Corrected 6/22/55 R.G.

G 05660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G 05600
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Brookfield Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (UNIDENTIFIED) BERTHOLD BODENHEIMER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54 45			hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation ✓

11. Industry or business

MOTHER'S MAIDEN NAME

12. Name Unque

13. Birthplace Germany

14. Maiden Name ✓

15. Birthplace Germany

16 (a) Informant Mr Sterne

(b) Address 2209 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)

(c) Cemetery or crematory

Location Rosedale

18 (a) Funeral director Jack Sears

Address JUN 23 1943 1439 E. Balto St

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 4P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH [redacted]

Heat Exhaustion

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. Z. Wollammer M.D. Medical Examiner.

Date signed 6-24-43

VS 151

G 05601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146a

Registered No. G 05601

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Lanvale St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 Edgecomb one (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Louis Braitman

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Roumania (Town, county, and state)
10. Usual Occupation Re Merchant
11. Industry or business

FATHER — 12. Name	Samuel
FATHER — 13. Birthplace	Roumania
MOTHER — 14. Maiden Name	Rios
MOTHER — 15. Birthplace	Roumania

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (month) (day) (year)
(c) Cemetery Mishkan Israel
Location Baltimore Md.

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

19 (a) Filed 6-23-1943 (Date received by Registrar) (b) Registrar Washington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943 at 12 29 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1943 to June 21, 1943 and that I last saw h alive on June 21, 1943

Immediate cause of death: Pulmonary congestion — Duration: 40 days
Due to Bronchopneumonia
Due to Esophageal Carcinoma
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Mrowiec M. D.
Address Sinai Hosp. Date signed 6-24-43

5602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. G 5602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address US Marine Hospital, Baltimore
(c) Hospital or institution: Wyman Park Drive and 31st St., 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 North Monroe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MICHAEL CHARLES SILBERZOHN

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:
4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife: Catherine Craig
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 15, 1875
8. AGE: Years 67 | Months 9 | Days 7 | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Gas Station Attendant
11. Industry or business:

FATHER
12. Name: Jacob Silbersohn
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Craig
15. Birthplace: Germany

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43. (month) (day) (year)
(c) Cemetery or crematory: Bath National
Location:

18 (a) Funeral director: A. Lee Oder
(b) Address: #644 York Rd.

19 (a) JUN 23 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1943 to June 20, 1943, and that I last saw h. im alive on June 20, 1943.

Immediate cause of death: Arteriosclerotic aneurysm, abdominal aorta which has ruptured — Duration: Unknown
Due to: Generalised arteriosclerosis — Unk.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations: Unk.
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: L. D. B. Beaty
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 6/21/43

VS 150

Physicians: please write the causes of death clearly and legibly.

05603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05603
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Appleton Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E. HETTRICH

3 (b) If veteran, name war: Sp. American

3 (c) Social Security Account No.

4. Sex: MALE M.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1880

8. AGE: Years 62 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace Pennsylvania ?
(Town, county, and state)

10. Usual Occupation Home for 7 years

11. Industry or business -

FATHER
12. Name -
13. Birthplace

MOTHER
14. Maiden Name -
15. Birthplace

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43. (month, day, year)
(c) Cemetery or crematory Baltimore Memorial
Location

18 (a) Funeral director A. Lee Ades
(b) Address 4644 York Rd.

19 JUN 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943, at 7:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20, 1943, to June 21, 1943, and that I last saw h im alive on June 21, 1943.

Immediate cause of death: Marked sero-fibrinous pleurisy right — Duration: Unknown

Due to: Generalised arteriosclerosis Unknown with marked coronary sclerosis and cardiac dilitation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide - No
(b) Date of occurrence - at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature

Address Baltimore, Md. Date signed 6/22/43 M. D.

VS 150

Va-13328

05604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05604
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
70				

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Williams
13. Birthplace ?

MOTHER
14. Maiden Name Martha Murphy
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1943 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Pennsylvania Ave

19 (a) JUN 23 1943 Huntington Williams M.D. Registrar
(Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 9 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 - 1943, to June 21 1943, and that I last saw him alive on June 20 1943.

Immediate cause of death: Acute Dilatation of Heart — Duration: 1 day
Due to: Chronic Myocarditis — 3 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed 6/22/43

VS 250

05605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05605

54b Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore Md.
(b) Street address 704 Vincent St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Luther Ponder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years 18 yrs Months Days If less than one day hr. min.

9. Birthplace Winston Salem N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name James Ponder

13. Birthplace Winston Salem N.C.

14. Maiden Name Evelyn Rector

15. Birthplace Greenville S.C.

16 (a) Informant James Ponder

(b) Address 704 Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A.M. Co. Md.

18 (a) Funeral director Chas. H. Alexander

(b) Address 927 N. Mount St.

19 (a) JUN 23 1943 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1943 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1943, to June 21 1943, and that I last saw h— alive on June 21 1943.

Immediate cause of death
(a) Hr. Hyaline Muscular atrophy — Duration 3 mos
Due to Pyorrhea Gingivitis
Cerebellar Abscess
Due to
Other Conditions (over)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Gaylord M. D.

Address 522 Harlem Date signed

VS 3

5606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 05606
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5104 Harford Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver B Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Martha C Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation clerk

11. Industry or business

FATHER
12. Name Oliver B Myers
13. Birthplace Md

MOTHER
14. Maiden Name Eliz Arminger
15. Birthplace Md

16 (a) Informant Martha C Myers
(b) Address 5104 Harford Road

17 (a) Burial (b) Date thereof 6-25-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Sparrows

18 (a) Funeral director Leonard J Rusch
(b) Address 5304 Harford Road

JUN 23 1943
(Date rec'd by Registrar)

(b) Hunting Town Williams M.D.
(Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943 to June 22 1943 and that I last saw him alive on June 22 1943.

Immediate cause of death	Duration
Pulmonary edema	
Due to Cardiac failure	
Due to	
Other Conditions Intestinal obstruction	

(Include pregnancy within 3 months of death)
Date of operation June 18, 1943
Major findings of operations Ca of splenic flexure of colon
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta C. Link, M. D.
Address Union Hosp. Date signed 6-23-43

VS 3

05607

BALTIMORE CITY HEALTH DEPARTMENT 79742 G 05607

CERTIFICATE OF DEATH 1110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Hudnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1902

8. AGE: Years	Months	Days	If less than one day
41	0	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Garrison
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Johnson
15. Birthplace Maryland

16 (a) Informant Arnetha Garrison
(b) Address [illegible] Harlem Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1601 Druid Hill Ave.

19 (a) JUN 23 1943 Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10-43 19 , to 6-19-43 19 , and that I last saw h er alive on 6-19-43 19 .

Immediate cause of death Pulmonary embolism
Shock — Duration 12 hrs.

Due to Deep mental depression — Duration Prior to 2-10-43

Due to (order)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pulmonary embolism of unk CAUSE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas L. Schmidt M. D.
Address Baltimore City Hospitals signed

VS 3

Dr. Eliot W. Johnson
3432 Greenlawn Ave.

05608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939 Registered No. G 05608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 134 S. Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 S. Loudon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Talbert

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Clifford Talbert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 17 1867

8. AGE: Years	Months	Days	If less than one day
75	7	9.	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

BUREAU FAMILY

12. Name George Weigel
13. Birthplace Germany
14. Maiden Name Elizabeth Bachman
15. Birthplace Germany

16 (a) Informant Mrs William Perkas
(b) Address 134 S. Loudon Ave Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md
18 (a) Funeral director Thomas W. Pingleton
(b) Address Glen Burnie, Md.

JUN 23 1943 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 June 21 1943.
and that I last saw h[illegible] alive on June 21 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Cardio Vascular Renal Disease & Hypertension — 5 Years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W Johnson M. D.
Address 3432 Greenlawn Ave Date signed

G 05609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310

G 05609

Reg. Dist. No. _____

1. PLACE OF DEATH:

County _____

City or town Baltimore 5801 Reisterstown Rd

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? _____

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5801 Reisterstown Road

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME Thomas A. Caulfield

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife Ada Johnson Caulfield

6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) May 8th 1868

8. AGE: Years	Months	Days	If less than one day
75	1	13	14 hrs. _____ min.

9. Birthplace Gateshead, England

(Town, county, and state)

10. Usual occupation Music Teaching

11. Industry or business _____

12. Name Thos A. Caulfield

13. Birthplace England

14. Maiden name Sarah Ellerker

15. Birthplace England

16. Informant Alfred M. Caulfield

Address 645 Mass. Ave. N.E. Wash. D.C.

17. Burial, cremation, or removal. Which? Burial Date thereof 6/24/43 (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick Road

Funeral director Frank H. Mayer

Address Pikesville and Huntingtown Williams, M.D.

JUN 23 1943

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 7A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 16 1943 to June 22 1943 and that I last saw h. Mr. alive on June 21st 1943

Immediate cause of death _____ DURATION

Due to Arteriosclerosis ?

Due to Senility ?

Due to (or) _____

Other conditions Chronic prostatic & bladder disease 6 Mos

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE E. E. Richardson M.D. M. D. or other

Address Pikesville Md Date signed 6/23/43

Becton

5610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46W

Registered No. G 05610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution
Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4/5/11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 N. Stricker
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Becton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1888

8. AGE: Years	Months	Days	If less than one day
55	-	23	hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Landscape
11. Industry or business Gardener

FATHER
12. Name Early Becton
13. Birthplace S. C.

MOTHER
14. Maiden Name
15. Birthplace unknown

16 (a) Informant Cora Becton
(b) Address 1314 N. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave
JUN 23 1943 (Date rec'd by Registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/1943 at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1943 to 6/21 1943.
and that I last saw h alive on 6/21 1943.

Immediate cause of death Internal Hemorrhage — Duration 5 min.
Due to Carcinoma of the Esophagus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Carcinoma of Esophagus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Charles R. MacDonald M. D.
Address 1213 Light St Date signed 6/23/43

VS 100

C 05611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 13

Registered No. C 05611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 N. Caroline
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Corrine Cephas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1923

8. AGE: Years	Months	Days	If less than one day
20	-	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Cephas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Williams
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Helen Cephas
(b) Address 619 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. & C. Rd

18 (a) Funeral director Robert E. McGuinness
(b) Address 1515 N. Eutaw St

19 JUN 22 1943 (Date rec'd by local R.) (b) A Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to June 20 1943 and that I last saw h[illegible] alive on June 20 1943.

Immediate cause of death
Pulmonary Edema
Due to Acute Miliary Tuberculosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 d
Yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dewitt Long Berry M. D.
Address 420 E. Chase Date signed June 23 1943

VS 2

05612 MJ-80415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 D

G 05612 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. NO HOME (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Sandgnol

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1875

8. AGE: Years	Months	Days	If less than one day
67	7	21	hr. min.

9. Birthplace Tennessee (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William
13. Birthplace France

MOTHER
14. Maiden Name Margaret Lynch
15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Joseph J. Fahey Assoc
(b) Address 1318 Light St.

19 (a) (b) Arrington Williams M.D.

JUN 23 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1943 at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1943 to 6-22 1943. and that I last saw h alive on 6-22 1943.

Immediate cause of death Carcinoma of stomach

Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A K Rectkus M. D.
Address Balto City Hosp Date signed 6-22-43

G 05613 G 05613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4716 Norwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4716 Norwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William B. Cross

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-2252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva R. Cross
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) January 27, 1899

8. AGE: Years	Months	Days	If less than one day
44	4	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Hubbs & Corning Co.

FATHER
12. Name Bryan Cross
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Elizabeth Barber
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Eva R. Cross
(b) Address 4716 Norwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24,1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Phillips Lamoreau
(b) Address 4610 Liberty Heights Ave.

19 JUN 23 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 8.30AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to June 21 1943. and that I last saw him alive on June 21 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Abbott M. D.
Address 4509 Liberty Hgts Ave Date signed

VS 8

G 05614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Shady Side
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 1 - 69

8. AGE: Years	Months	Days	If less than one day
73	8	22	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Holland
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Sparrow
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory St Paul's
Location Glenarm Md

18 (a) Funeral director T.A. Hardesty & Son
(b) Address Glenarm Md

JUN 23 1943

(Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 23 1943 and that I last saw him alive on June 22 1943.

Immediate cause of death CARDIAC FAILURE — Duration
Due to ARTERIOSCLEROSIS
Due to
Other Conditions CYSTITIS, CHRONIC.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rufus M. Rall
Address Johns Hopkins Hospital Date signed 6/24/43

VS 180

G 05615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 East St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-35

8. AGE: Years 8 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Frank Brown
13. Birthplace Md

MOTHER
14. Maiden Name Mabel Blackston
15. Birthplace Md

16 (a) Informant Rhonda
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md

18 (a) Funeral director Benjamin W. Wright
(b) Address 721 Edgecumb St

19 (a) JUN 28 1943 (Date received by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1943, to 6-20 1943, and that I last saw him alive on 6-20 1943.

Immediate cause of death Shock
Exhaustion & Respiratory paralysis
Due to Tetanus
Due to (a)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Laye M. D.
Address Date signed

Physician for Williams, M.D.

G 056167. Burial.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87c

G 05616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 N Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Tobman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Burkum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Boston Mass.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman Foot Comfort

FATHER
12. Name Harry Tobman
13. Birthplace Russia

MOTHER
14. Maiden Name Etta Shane
15. Birthplace Russia

16 (a) Informant Sol Tobman
(b) Address 1507 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd.
Location Sol Levinson & Bros

18 (a) Funeral director 1124 1126 W North Ave
(b) Address
19 (a) June 28 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1943 at 4.35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 43 to June 23 1943.
and that I last saw him alive on June 23 1943.

Immediate cause of death

	Duration
Paralysis Agitans	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1943 at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Louis T. Levy M. D.
Address 1844 W. Lanvale Date signed 6/23/43

VS 180

G 05617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183c

G 05617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM COLUMBUS BRISTOW

3 (b) If veteran, name war

3 (c) Social Security Account No. 130-12-2564

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie Conway
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 21, 1887

8. AGE: Years	Months	Days	If less than one day
56	2	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation 1st Asst. Eng.
11. Industry or business

FATHER
12. Name Gilmer Bristow
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura Bristow
15. Birthplace Baltimore, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

JUN 23 1943 (Date rec'd by registrar)

(b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943, 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1943, to June 20, 1943, and that I last saw him alive on June 20, 1943

Immediate cause of death: Aseptic arteriosclerotic areas of necrosis in right cerebral hemisphere, and left cerebellar hemisphere — Duration: 1 mo.

Due to Generalized arteriosclerosis — Unk.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. U. S. Beach, M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 6/21/43

VS 150

G 05618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05618

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 Annabel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (Baltimore)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Annabel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ellsworth Sykes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rickie

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Sept 17 1880

8. AGE: Years	Months	Days	If less than one day
62	9	4	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

MOTHER / FATHER

12. Name John T Sykes

13. Birthplace Md

14. Maiden Name Lettitia Hutton

15. Birthplace Md

16 (a) Informant Mrs Rickie Sykes

(b) Address 427 Annabel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)

(c) Cemetery or crematory Londale Park

Location 3801 Frederick Ave

18 (a) Funeral director William M Marack

(b) Address 710 Light St

19 (a) (Date paid by registrar) (b) Registrar

23783

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1938 to June 21 1943 and that I last saw him alive on May 28 1943

Immediate cause of death Cerebral Thrombosis Hemaplegia — Duration 3 yrs

Due to Generalized Arterio-Sclerosis — 7

Due to —

Other Conditions Diabetes Mellitus — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Lubin

Address 328 Cantagalo Ave Date signed 6/22/43 M. D.

LUBIN

G 05619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

G 05619
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3818 6th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3818 - 6th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John L. Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-10-8593

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna McCloch Williams

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 - 1880

8. AGE: Years 62 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Labor.

11. Industry or business

12. Name John Williams

13. Birthplace Ireland

14. Maiden Name A. Lynaugh

15. Birthplace Ireland

16 (a) Informant Mrs Anna M. Williams

(b) Address 3818 6th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cemetery
Location Brooklyn A.G. Co. Md.

18 (a) Funeral director Flynn & Flannery

(b) Address 1426 Light St.

JUN 23 1943 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 6.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1943 to June 23 1943 and that I last saw him alive on 6/22 1943

Immediate cause of death

Myocarditis
Due to Cancer

Due to

Other Conditions Pul. T. B.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Rupin M. D.
Address 203 Calvert Bldg.

VS 1

G 05620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 467

G 05620 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette St

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3116 Walbrook Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Cain

3 (b) If veteran, name war

3 (c) Social Security Account No. 134-03-4125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lelia Cain

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 - 1897

8. AGE: Years	Months	Days	If less than one day
46 45	4	7 6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Md. Drydock

12. Name John Cain

13. Birthplace Balto. Md.

14. Maiden Name Catherine Sullivan

15. Birthplace Balto Md

16 (a) Informant Wife

(b) Address Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming

(b) Address 1476 Light St

6/23/1943 (a) (b) Huntington Williams, M.D. Registrar

(Date filed by city registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 22 1943, and that I last saw him alive on June 20 1943.

Immediate cause of death	Duration
(a) Pericardial Effusion Cardiac Failure	4 hrs
Due to (b) Pneumonia	2 days
Due to (c)	
Other Conditions P. D. Gastro-jejunostomy	

(Include pregnancy within 3 months of death)

Date of operation 6/19/43

Major findings of operation: Pyloric Obstruction

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Matthew M Cox M. D.

Address Bon Secours Hospital Date signed June 24/1943

VS 3

DR. COX

G 05621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 05521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Madison Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Madison Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James Matthew Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-6614

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1875

8. AGE: Years 68 | Months 2 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Jacksonville, Fla.
(Town, county, and state)

10. Usual Occupation waiter

11. Industry or business hotel

12. Name unknown

13. Birthplace —

14. Maiden Name unknown

15. Birthplace —

16 (a) Informant Maria Comegys

(b) Address 1404 Madison Ave

17 (a) ... (b) Date thereof ...
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon
Location Mt. Lebanon

18 (a) Funeral director Chas H Alexander

(b) Address 1200 McCulloh St

19 (a) ... (b) ... registrar

JUN 24 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943, to June 20 1943, and that I last saw him alive on June 20 1943.

Immediate cause of death pulmonary edema

Due to arteriosclerotic heart disease

Duration 48 hrs

3 yrs

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...
(Specify type of place)
(e) Means of injury ...

23. Signature James D. Carr M. D.

Address 515 Mosher St. Date signed 6-22-43

05622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1130 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Andrew J. Fitzpatrick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	19	hr. min.

9. Birthplace Ireland (Town, county and state)
10. Usual Occupation Catholic Priest
11. Industry or business

FATHER 12. Name Michael Fitzpatrick
13. Birthplace Ireland

MOTHER 14. Maiden Name Bridgett Kennedy
15. Birthplace Ireland

16 (a) Informant Hospital Record
(b) Address Caroline & Oliver Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fuhrer Stone
(b) Address 1827 W. North Ave.

19 JUN 24 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 1:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943 to June 21 1943, and that I last saw him alive on June 21 1943

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive Cardio-Vascular Disease

Due to:

Other Conditions: Arteriosclerosis Gen. generalized
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Lusting M.D.
Address St. Joseph's Hosp. Date signed 6-21-43

VS 2

Coates

G 05623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 05623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-28-1942

8. AGE: Years 1 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Leroy S Porter
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Cassie Thompson
15. Birthplace Baltimore Md

16 (a) Informant Lorraine Porter
(b) Address 428 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location

18 (a) Funeral director Adolphus Hollyland
(b) Address 918 Druid Hill Ave

19 JUN 24 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/43 19 . 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/43 19 . to 6/23/43 19 . and that I last saw him alive on 6/23/43 .

Immediate cause of death Coronary Thrombosis 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature [illegible] M. D.
Address Baltimore Md Date 6/24/43

VS 150

G 05624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. G 05624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 Sharp St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Sharp (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Sprout
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Wid.

6 (b) Name of husband or wife Geo. Sprout
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 15, 1891

8. AGE: Years	Months	Days	If less than one day
51	9	6	hr. min.

9. Birthplace N. Car (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robt. Brookhouse
13. Birthplace N. C.

MOTHER
14. Maiden Name Matilda Reves
15. Birthplace N. C.

16 (a) Informant Mary McClean
(b) Address 923 Sharp St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto Co. Md
18 (a) Funeral director Isaiah L. Brown
(b) 1102 W Montgomery St
19 (a) JUN 24 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 7:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943 to June 21 1943 and that I last saw h[illegible] alive on June 21 1943
Immediate cause of death Acute Uremia — Duration 3 days
Due to Chr. Cardio-renal disease — Duration about 6 mos.
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John W. Garnes M.D.
Address 665 W. Barre St. Date signed 6/23/43

VS 180

05625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G 05625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 S. Fremont (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Annie Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Stewart
13. Birthplace Md

MOTHER
14. Maiden Name Annie Robinson
15. Birthplace Md

16 (a) Informant Annie Stewart
(b) Address 808 S. Fremont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Daniel L. Brown
(b) Address 108 W Montgomery St

JUN 24 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 6 00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to June 22 1943 and that I last saw h. alive on June 22 1943

Immediate cause of death: Pulmonary carcinoma — Bronchogenic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. McMillan M. D.
Address University Hospital Date signed 6/25/43

VS 3

05626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58B

G 05626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 W. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Perry Robinson
13. Birthplace md

MOTHER
14. Maiden Name Mary
15. Birthplace md

16 (a) Informant John Brooks
(b) Address 424 W Hamburg St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-24-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

(a) Funeral director Daniel L Brown Jr
(b) Address 108 W Montgomery St

JUN 24 1943 (Date rec'd by registrar)

(b) [illegible] for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943 at 10 P.M. 31

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic rheumatic endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 19 1943

VS 161

05627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. G 05627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 Rosebank ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Rosebank Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Joyce
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If wife, give age
F	W	Single		years

7. Birth date of deceased (mo., day, yr.) May 28 1890

8. AGE: Years	Months	Days	If less than one day
53	-	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael Joyce
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Connelly
15. Birthplace Balto Md.

16 (a) Informant Kath. M. Joyce
(b) Address 428 Rosebank Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 - 43 (month) (day) (year)
(c) Cemetery or crematory New Loath.
Location Old Frederick Rd

18 (a) Funeral director John A. McGann
(b) Address 3000 E. Balto. St.

19 JUN 24 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943 to June 21 1943 and that I last saw h alive on June 21 1943

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Arteriosclerosis — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Casey M.D.
Address 5.4 Drury Lane Date signed 6/23/43

VS 150

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

05628 Mj-82156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125a

G 05628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 788 Mulberry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1922

8. AGE: Years	Months	Days	If less than one day
20	11	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Scott
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Frost
15. Birthplace New Jersey

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md
18 (a) Funeral director Chas. E. Cooper
(b) Address 514 N. Calhoun St.
19 (a) JUN 24 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1943 to 6-22 1943, and that I last saw h alive on 6-22 1943.

Immediate cause of death	Duration
Acute yellow atrophy of liver	?
Due to Cause unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. K. Roberts M. D.
Address Balto. City Hosp Date signed 6-27-43

VS 150

Q5629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 05629

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 209 Essex Branch
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Ross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife Harry Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Harrisburg Pa.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

12. Name Albert Caine
13. Birthplace Penn
14. Maiden Name Matilda Kurtz
15. Birthplace Penn.

16 (a) Informant Mary McCauley
(b) Address Edgemere Park

17 (a) Burial (b) Date thereof 6-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial
Location Taylor Ave Balto Co.
18 (a) Funeral director Harry Burgunder
(b) Address 1407 Eastern Ave Essex

19 JUN 24 1943 Hastings Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 4 P M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed June 22 1943

05630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓

Registered No. C 05630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 836 E. Preston St.
(c) Hospital or institution:

9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 836 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elesa J. Leef

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-03-1164 none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1877

8. AGE: Years	Months	Days	If less than one day
66	5	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Schnoerr
13. Birthplace Germany

MOTHER
14. Maiden Name Sabina Kramer
15. Birthplace Germany

16 (a) Informant Mr. John W. Leef
(b) Address 836 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Balto. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

JUN 24 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1943, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943, to June 23 1943, and that I last saw her alive on June 23 1943.

	Duration
Immediate cause of death Apoplexy	4 Days
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed 6-23/43

VS 180

05631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

G 05631
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Charles Street
(c) Hospital or institution:
Notre Dame of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4701 N. Charles Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME
Sister Mary Barbara (Martha Wiesner)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1869

8. AGE: Years	Months	Days	If less than one day
73	9	25	hr. min.

9. Birthplace Rochester, New York
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name Adam Wiesner
13. Birthplace Rochester, New York

MOTHER
14. Maiden Name Kathrina Heberger
15. Birthplace Rochester, New York

16 (a) Informant Sister M. Regis
(b) Address 4701 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/43 (month) (day) (year)
(c) Cemetery or crematory Notre Dame
Location Homeland Ave. near Charles St.

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811 N. Wolfe Street

19 JUN 24 1943 (b) Washington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1943, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1942 to June 2nd 1943 and that I last saw h[illegible] alive on June 2nd 1943

Immediate cause of death	Duration
Carcinoma of Oesophagus	
Due to	
Due to	
Other Conditions Hypercalcitis Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Bough
Address 6077 Homeland Rd Date signed 6/24/43

VS 3

G 05632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Wilkens Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Wilkens Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Wortman

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Wortman
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) May 29, 1859

8. AGE: Years	Months	Days	If less than one day
84	-	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Police Officer
11. Industry or business Baltimore City

FATHER
12. Name Frederick Wortman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Maenner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elizabeth Wortman
(b) Address 1713 Wilkens Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard Street

JUN 24 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th. 1943, at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24, 1942, to June 20, 1943, and that I last saw him alive on June 20 1943.

Immediate cause of death	Duration
Myocarditis	Nov.
Due to Arteriosclerotic Cardio-vascular Disease	
Due to Generalized Arteriosclerosis	2 yrs.?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knapp M. D.
Address 3030 Edmondson Ave. Date signed 6/21/43

05633

BALTIMORE CITY HEALTH DEPARTMENT

MJ-82036 **CERTIFICATE OF DEATH** 61

G 05633
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Hill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Martin Hill (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1873

8. AGE: Years	Months	Days	If less than one day
70	5	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Cassaway
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice ?
15. Birthplace Maryland

16 (a) Informant BALTIMO[illegible] CITY HOSPI[illegible]
(b) Address [illegible]

17 (a) Burial (b) Date thereof 6/24/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location

18 (a) Funeral director Philip Herring & Sons
(b) Address 2024 Orleans St.

JUN 24 1943
(Date rec'd by registrar)
(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6·23 1943, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6·14 1943, to 6·23 1943, and that I last saw her alive on 6·23 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Diabetic gangrene left foot	
Due to Diabetes mellitus	
Other Conditions Hemorrhoids	

(Include pregnancy within 3 months of death)

Date of operation 6·16·43
Major findings of operation: Gangrene, amputation done
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 6-23-43

VS 180

05634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G 05634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 Penrose ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Penrose ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leona Bruchey Vogel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ John Vogel
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 12 1893

8. AGE: Years	Months	Days	If less than one day
49	10	9	hr. min.

9. Birthplace Balto. Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Bruchey
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ella Adams
15. Birthplace Balto Md

16 (a) Informant John Vogel
(b) Address 2116 Pensdale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo. R. Beyer Jr
(b) Address 1512 Hollins St

19 JUN 24 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1943, to 6-21 1943, and that I last saw h[er] alive on June 18 1943.

Immediate cause of death	Duration
Metastatic, recurrent carcinoma, cervix uteri	1 9 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Feb 1943
Major findings of operation: carcinoma of cervix uteri
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rowan M. D.
Address 206 S. Eutaw St Date signed 6-23-43

VS 150

5635 ALVIN W. CALTRIDER

BALTIMORE CITY HEALTH DEPARTMENT

MJ-82134

CERTIFICATE OF DEATH

46 B

Registered No. G 05635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 26
(d) Street No. 1323 W 42 Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALVIN W. Alvin Caltrider

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-12-6025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife MARY Catherine Caltrider

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1870

8. AGE: Years	Months	Days	If less than one day
73	3	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed Plumber

11. Industry or business Retired 8 years

FATHER
12. Name Jacob Caltrider
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Mary Solara
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1943 (mo.) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burge Funeral Home
(b) Address 3631 Fpllo Road

JUN 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22- 1943 at 9:22 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-18- 1943 to 6-22- 1943 and that I last saw h[illegible] alive on 6-21- 1943

Immediate cause of death Carcinoma of stomach & metastasis — Duration ? 1 yr

Due to generalized arteriosclerosis; hypertensive cardio-vasc. dis. } yrs

Due to with auricular fibrillation — 2 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-18-43

Major findings of operation: Carcinoma of stomach & metastases

of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunt Williams M.D.
Address Balto. City Hosp Date signed 6-22-43

5636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 05636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Frankfort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) [redacted]Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Frankfort Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Eleanor Price

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widowed

6 (b) Name of husband or wife Geo. Griffith Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1860

8. AGE: Years	Months	Days	If less than one day
82	11	22	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Shepperd
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Emma Evans
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. F. E. Temple
(b) Address 4311 Frankfort ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Sparks, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) JUN 24 1943 (When filed by Registrar) Huntington Williams M.D. (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd. 1943, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18th. 43 to June 22nd. 43. and that I last saw h er alive on June 22nd. 1943.

Immediate cause of death Uremia — Duration 36 hrs.

Due to Chronic Interstitial Nephritis unknown

Due to - - - - -

Other Conditions Myocarditis unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse W. Hargrove M.D.
Address 401 E 20 Park Date signed 6/24/43

05637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05637
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Trump Mill Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Otto E. Hensel

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Elizabeth Hensel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4th 1866

8. AGE: Years 77 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Saxony, Germany (Town, county and state or foreign country)

10. Usual Occupation Merchant Tailor

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Fred Hensel
(b) Address 5118 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25. 43 (month) (day) (year)
(c) Cemetery or crematory St. Peters Lutheran
Location Fullerton Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 JUN 24 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 2 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to June 22 1943, and that I last saw him alive on June 22 1943.

Immediate cause of death: Congestive Heart Failure — Duration

Due to: Hypertensive C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesling
Address St. Joseph's Hosp. Date signed 6-24-43

VS 1

5638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05638

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspeburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5411 East Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William Byrne — William P. BYRNE

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-2314

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie K. Byrne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1897

8. AGE: Years	Months	Days	If less than one day
45	10	21	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Ship-Building

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Minnie K. Byrne
(b) Address 5411 East ave Raspeburg

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof June 24 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lazarin Funeral Home
(b) Address 740 Belair Road

19 JUN 24 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943, to June 21 1943, and that I last saw h[illegible] alive on June 21 1943.

Immediate cause of death Cerebral Hge. Failure — Duration

Due to Bulbar Polsy

Due to Arteriosclerosis Hypertension

Other Conditions Pulm. Edema
Myocardial Damage
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond B. Goldberg
Address Sinai Hosp. Date signed 6/21 1943

VS 150

G 05639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. G 05639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Warren Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Warren Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Marie North

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William H. North

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27. 1894

8. AGE: Years 48 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John A. Forsyth
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth A. Walker
15. Birthplace Balto. Md.

16 (a) Informant William H. North
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave

19 JUN 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23. 1943 at 1.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941. to June 23 1943. and that I last saw him alive on June 23 1943

Immediate cause of death

Cardio Vascular Renal Disease

Due to

Due to

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent M. Fresano M. D.
Address 1403 S. Charles St. Date signed 6/24/43

05640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

730

Registered No. G 05640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State M (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Luder Harrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/1887

8. AGE: Years 56 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Andrew Harrell

13. Birthplace N. C.

14. Maiden Name

15. Birthplace

16. (a) Informant Mary Harrell

(b) Address 1736 McCulloh St

17. (a) Burial (b) Date thereof Aboskie N. C.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory N. C.

Location N. C.

18. (a) Funeral director Geo. G. Kelson

(b) 1302 Pressman St

(c) JUN 24 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to June 23 1943, and that I last saw him alive on June 23 1943.

Immediate cause of death Pernicious Anemia

Due to

Due to

Other conditions Acute upper Respiratory Infection
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 yrs (4 mos)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Bayne M. D.

Address Provident Hospital Date signed 6-24-43

VS 2

5641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 05641

Registered No.

LJ-42567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs., 3 mos., [illegible] days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. NO HOUSE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Isabel Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-1870

8. AGE: Years	Months	Days	If less than one day
73	0	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Hardy
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Gould
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 24 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 24 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1943 at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1943 to 6-19 1943, and that I last saw h[illegible] alive on 6-19 1943

Immediate cause of death	Duration
Bronchopneumonia	?
Due to senility	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rabkin M. D.
Address Balt. City Hosp. Date signed 6-24-43

VS 186

T0193

05642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05642
Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Kensington Rd.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Daniels

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1887

8. AGE: Years	Months	Days	If less than one day
56	4	22	6 hr. 35 min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Vincent Mdermatis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Patranella Gustera
15. Birthplace Lithuania

16 (a) Informant (Daughter) Josephine Doyle
(b) Address 416 Kensington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kasunskas
(b) Address 610 Dash. Blvd

19 JUN 24 1943 (b) Huntington Williams, M.D.
(Date filed by registrar) (Registrar)

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 6:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943, to June 24 1943, and that I last saw her alive on June 24 1943.

Immediate cause of death Circulatory failure — Duration 4 hr.

Due to Arteriosclerotic Congestive Heart disease — 15 yrs 6 mos

Due to Pneumonia — 10 da.

Other Conditions Cholecystitis. c Non functional gall bladder
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert F. Berry M. D.
Address Mercy Hospital Date signed 6/24/43

G 05643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

Registered No. G 05643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2741 St. Paul St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 St. Paul St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Susannah I. Spafford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James A. Spafford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1858

8. AGE: Years	Months	Days	If less than one day
85	1	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Benjamin Henderson
13. Birthplace N. J.

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. James A. Spafford
(b) Address 2741 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery Greenmount
Location North & Greenmount Aves., Balto.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed JUN 24 1943 (b) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941 to June 23 1943 and that I last saw h alive on June 23rd 1943.

Immediate cause of death	Duration
Arterio. sclerosis	5 yrs
myocardial degen	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H G Jones M. D.
Address 2818 St. Paul St. Date signed 6-24-43

G 05644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05644
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Jefferson Apts., 402 Raleigh Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERBERT EARLE SMITH

3 (b) If veteran, name war: World's War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Ia Smith (Gillis)-Maiden Name (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): June 5, 1893

8. AGE: Years: 50 | Months: 0 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Southampton Co., Va.
(Town, county, and state)

10. Usual Occupation: Real estate business

11. Industry or business: (self)

FATHER
12. Name: John E. Smith
13. Birthplace: ?

MOTHER
14. Maiden Name: Martha V. Story
15. Birthplace: Southampton Co., Va.

16 (a) Informant: Records, U. S. Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 26/43 (month) (day) (year)
(c) Cemetery or crematory
Location: Norfolk Va

18 (a) Funeral director: Chas. O. Whitehill Inc.
(b) Address: 1605 Eutaw Place

JUN 24 1943
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23, 1943, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31, 1943, to June 23, 1943 and that I last saw him alive on June 23, 1943.

Immediate cause of death: Adenocarcinoma of left ethmoid sinus involving left frontal & maxillary sinuses with metastasis in both lungs. — Duration: over 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: 4/16/43

Major findings of operation: Recurrent carcinoma, left nasal passage

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: (illegible)
Address: Baltimore, Md. Date signed: 6/24/43 M. D.

VS 150

Va-13233

G 05645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 05645 Registered No.

Please write plainly with ink or indelible pencil. Do not use abbreviations. Make entries on all lines. If none, write none. If unknown, state so. Underline cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823½ W. Lombard St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823½ W. Lombard St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry S. Hancock

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1881

8. AGE: Years	Months	Days	If less than one day
62	-	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John H. Hancock
13. Birthplace Brooklyn, N. .

MOTHER
14. Maiden Name Emily A. Arnold
15. Birthplace Baltimore, Md.

16 (a) Informant Frank A. Hancock
(b) Address 823½ W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JUN 24 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to June 22 1943, and that I last saw him alive on June 22 1943.

Immediate cause of death: Dilatation of Heart — Duration 1 day

Due to Chronic Myocarditis — Duration several years

Due to Endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert M. Foster M. D.
Address 2824 St. Paul St. Date signed

VS 180

G 05646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13R

Registered No. G 05646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 126 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viole Jordon 79866

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1919

8. AGE: Years	Months	Days	If less than one day
23	11	22	hr. min.

9. Birthplace West Va.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Albert Hayes
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Welling
15. Birthplace West Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory location Loudon Cemetery Loudon, Ohio.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 120 Eutaw Place

19 (a) JUN 24 1943 Hunter Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 1:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1943 to June 22 1943 and that I last saw her alive on June 22 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	1 yr?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Alvin S. Hartz
Address Balto City Hosp Date signed 6/24/43

VS 180

05647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G 05647 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL DUNCAN

(b) If veteran, name war

(c) Social Security Account No.

4. Sex m

5. Color or race Negro

6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years 49 | Months 1 | Days ? | If less than one day hr min

9. Birthplace Montgomery, Ala. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business 305 W. Franklin St.

12. Name ?

13. Birthplace

14. Maiden Name ?

15. Birthplace

(a) Informant Bertha Coates

(b) Address 532 W. Preston St

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. G. & C. Co. Md.

(a) Funeral director Charles R. Law

(b) Address 802 Harlem Ave

17. (b) Huntington Williams, M.D.

JUN 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Tuberculous pulmonary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. J. Wallenmeyer M.D. Medical Examiner

Date signed 6-24-43

VS 151

05648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

Registered No. G 05648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred G. Talley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1871

8. AGE: Years 62 | Months 5 | Days 11 | If less than one day: hr. | min. 15 51

9. Birthplace Palmer Springs, Va. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

12. Name ?

13. Birthplace

14. Maiden Name Hilda Ann Gregory

15. Birthplace Palmer Springs, Va

16 (a) Informant Hattie Puffett

16 (b) Address 2244 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) 17 (b) Date thereof 6/26/43 (month) (day) (year)

17 (c) Cemetery or crematory Location Palmer Springs, Va.

18 (a) Funeral director Charles R. Hall

18 (b) Address 802 Harlem Ave.

JUN 24 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 23 1943, and that I last saw h[illegible] alive on June 23 1943.

Immediate cause of death: Carcinoma of Cervix Uteri — Duration: about 1 year

Due to

Due to

Other Conditions: Bronchopneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Pagueles M. D.

Address Provident Hospital Date signed 6-24-43

VS 8

G 05649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05649 Registered No. 115 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33 Sts
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 N. Charles St (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country —

3 (a) FULL NAME Sallie EWELL Sheridan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12. 1884

8. AGE: Years	Months	Days	If less than one day: hr	min
58	10	10		

9. Birthplace Vienna, ~~Austria~~ Maryland. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name Rev. Jarrett M. Sheridan
13. Birthplace Maryland.

MOTHER
14. Maiden Name Matilda W. Ridgely
15. Birthplace Maryland.

16 (a) Informant Miss Sallie E. Sheridan.
(b) Address 2706 N. Chas. St. Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)
(c) Cemetery or crematory Glenwood, Location Howard Co. Md.

18 (a) Funeral director Sullivan Memorial
(b) Address 1080 Cathedral St.

JUN 24 1943 Huntington Williams (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22- 1943 at 11 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1943 to 6-22 1943 and that I last saw her alive on 6-22 1943.

Immediate cause of death	Duration
Asphyxia	15 min.
Due to Hemorrhage	11 hrs.
Due to Tonsillectomy	11 hrs.
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation 6-22-43
Major findings of operation: Hypertrophy of tonsils & profuse bleeding.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. MacVane, Jr., M. D.
Address Union Mem. Hosp. Date signed 6/22/43

VS 250

13 G 05650 Balto St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 05650
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 Rectory Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write 'RURAL' and give town)
(d) Street No. 1011 Rectory Lane (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis W. Corbin.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret L. Corbin
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1870

8. AGE: Years 72 | Months 6 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Supt St. Marys Cemetery
11. Industry or business Hampden

FATHER
12. Name Lewis W. Corbin
13. Birthplace Maryland.

MOTHER
14. Maiden Name Rose Sears.
15. Birthplace Maryland.

16 (a) Informant Margaret L. Corbin.
(b) Address 1011 N Rectory Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/43 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Edmondson Ave.

JUN 24 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1943 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943 to June 22 1943
and that I last saw her alive on June 22 1943

Immediate cause of death: Unrecorded Insufficiency — Duration

Due to

Due to

Other Condition Unrecorded

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature John G. Schwerin M. D.
Address 1307 S. Clarke St. Date signed 6/24/43

VS 150

G 05651 X G 05651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 Lake Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md. Ward 2-2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Lake Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Harry Ray Herndon (maiden name)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mr. Harry Ray Herndon

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1913

8. AGE: Years 30 | Months 5. | Days 18 10 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name David J. Montgomery

13. Birthplace Md

MOTHER 14. Maiden Name Ella V. Winn.

15. Birthplace Va

16 (a) Informant Harry R. Herndon.

(b) Address 911 Lake Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 43 (month) (day) (year)

(c) Cemetery or crematory Lorraine.

Location

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Chestnut Ave

JUN 24 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 4.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943, to June 23 1943, that I last saw her alive on June 23 1943.

Immediate cause of death: Post Operative. Focal necrosis Septicemia Pulmonary artery

Due to Congenital Cystic Dis of Lung & abscesses

Due to

Other Conditions Rheumatic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation 6-22-43

Major findings of operation: as above

of autopsy:

Duration: 48 hrs. 30 yrs. 00 yrs?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Harbitt Jr. M. D.

Address Union Memorial Hosp. Date signed 6-23-43

G 05652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100B

G 05652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5807 Narcissus Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6801 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MYRA GOLDSTROM BURGUNDER.

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Henry J. Burgunder.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1894

8. AGE: Years	Months	Days	If less than one day
48	10	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lewis Goldstrom,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rosa Rich,
15. Birthplace Balto. Md.

16 (a) Informant Mr. Henry J. Burgunder,
(b) Address 6801 Park Heights Ave.

17 (a) Burial (b) Date thereof 6/25/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harry Goodman's Son
(b) Address 1902 Eutaw Place.

JUN 24 1943 Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd. 1943. at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939. to June 23 1943.
and that I last saw her alive on June 20 1943.

Immediate cause of death: Pulmonary embolus — Duration: 9 months

Due to I thrombo-phlebitis L. femoral vein

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul E. Carliner M. D.
Address 2217 Eutaw Pl. Date signed June 23, 1943

VS 8

G 05653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Eutaw Place. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MATHILDA M. BLUMENTHAL.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4, Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry Blumenthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1875

8. AGE: Years	Months	Days	If less than one day
67	8	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Nurse
11. Industry or business

FATHER
12. Name Gustav Meyer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Mina Stern,
15. Birthplace Germany.

16 (a) Informant Mrs. Edward Newman,
(b) Address 611 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director [illegible]
(b) Address 1902 Eutaw Place.

19 (a) 1943 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1943, to 6/23 1943, and that I last saw her alive on 6/22 1943

Immediate cause of death: Ventricular Fibrillation — Duration

Due to Coronary occlusion

Due to Arteriosclerotic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Meyer H. Galeski M.D.
Address Sinai Hosp. Date signed 6/24/43

G 05654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05654 Registered No. 12B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Remington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Hazel Wood 82118

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1922

8. AGE: Years	Months	Days	If less than one day
21	3	14	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Wood
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Stokes
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 22 N. Schroeder St

JUN 24 1943 (Date rec'd by registrar) (b) Katie Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to June 22 1943, and that I last saw her alive on June 22 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp Date signed 6/23/43 M.D.

VS 150

G 05655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05655

Registered No. 930

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1081 W. Fayette St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1091 W. Fayette St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Martha Bonner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Horace Bonner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889.

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Portsmouth Va.

10. Usual Occupation Domestic.

11. Industry or business Housework.

12. Name Samuel Lawn

13. Birthplace Fallen N.C.

14. Maiden Name Hannah Knight.

15. Birthplace Suffolk Va.

16 (a) Informant Cresilla Pierce

16 (b) Address 1081 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1943 (month) (day) (year)

17 (c) Cemetery or crematory Laurel Cem.

Location

18 (a) Funeral director Mrs Katie D Williams

18 (b) Address 929 N. Bethnedas St

JUN 24 1943

(Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21. 1943. 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5th 1943. to 6/21, 1943. and that I last saw her alive on June 21 1943.

Immediate cause of death Acute Myocarditis — Duration 3 Days

Due to Uremic Nephritis or Paralysis. — Duration 12 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. T. Gunn M.D.

Address 522 N. Arlington Ave 6/23/43

G 05656

BALTIMORE CITY HEALTH DEPARTMENT

G 05656
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 744 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RUDOLPH HEZEKIAH JONES

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Estella Clayton
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1886

8. AGE: Years 56 | Months 4 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Crisfield, Md.
(Town, county, and state)
10. Usual Occupation Junk shop 3 mos. ago
11. Industry or business "

FATHER
12. Name George H. Jones
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Martha Ellen ?
15. Birthplace Crisfield, Md.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1943 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder Ave.

Filed June 24 1943 by Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1943 at 10:55 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1943 to June 22, 1943, and that I last saw him alive on June 22, 1943.

Immediate cause of death: Advanced bilateral pulmonary tuberculosis with multiple cavitations — Duration: Unk.

Due to

Due to

Other Conditions: Syphilitic aortitis and syphilitic aneurysm of aorta; Generalized arteriosclerosis — Unk.
(Include pregnancy within 3 months of death)

Major findings of operations: Dur. Unknown

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -
23. Signature Mark E. Meyer
Address Baltimore, Md. Date signed 6/22/43

Va-13269

G 05657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05657 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5119 N. Gilmore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limit, write RURAL and give town)
(d) Street No. 5119 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Pollock

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Sophia Pollock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6-1873

8. AGE: Years	Months	Days	If less than one day
70	2	15	hr. min.

9. Birthplace Newburn N. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sophia Pollock
(b) Address 5119 N. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mark Peter & Williams
(b) Address 322 N. Schroeder St

19 (a) (Signature of duly registrar) (b) Registrar

Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943 to 6-20 1943. and that I last saw h/m alive on 6-20 1943.

Immediate cause of death	Duration
Hypertensive Type Heart Disease	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Evan H. Kirkus

Address 601 N. Calhoun Date signed 6/24/43 M. D.

05658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05658
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Pottstown
(If outside city or town limits write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Kelley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-16-3842

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

16 (b) Address

17 (a) (Burial, cremation, or removal) 17 (b) Date thereof (month) (day) (year)

17 (c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUN 24 1943
Commissioner of Health

17 (a) Funeral director

17 (b) Address

JUN 24 1943 (Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1943, at 1:57 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Cardio-vascular Renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haddaway M.D.
Medical Examiner.
Date signed 6-4-43

194

5659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05659

Registered No. 823a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co.
(c) City or town [redacted]
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Duckett

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1887

8. AGE: Years 55 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace Charles County, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Susie Duckett
15. Birthplace Charles County, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 24 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 24 1943 (Date rec'd by registrar) (b) H. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1943 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1943 to May 11 1943 and that I last saw him alive on May 11 1943.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond M. Cunningham M.D.
Address 10 S. Eutaw Ave Date signed 5-11-43

VS 280

0195

Dr Davies 800 W. 33rd St Hair 0276 L. 4 [illegible] 05660

05660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the Methodist Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lucinda Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lewis Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 19th 1867

8. AGE: Years 76 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name J. Woolford
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Mary Moffett
15. Birthplace Dorchester Co. Md.

16 (a) Informant Miriam O. Coates
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cox Inc
(b) Address 1217 St. Paul St

19 JUN 24 1943 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1943, at 12-16 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to June 23 1943 and that I last saw h E R alive on June 23 1943

Immediate cause of death: Pulmonary Edema — Duration 3 days

Due to Myocardial degeneration — 4 yrs

Due to Arteriosclerosis — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Dames M. D.
Address 800 W 33rd St Date signed 6-24-43

VS 386

G 05661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83D

G 05661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 Eaton Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Eaton Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius A Ringold

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Sylvia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11. 1867

8. AGE: Years	Months	Days	If less than one day
76	1	11	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Sales Agent Real Estate
11. Industry or business

FATHER
12. Name James Ringold
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Thomas Ringold
(b) Address 1401 St Paul St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md
18 (a) Funeral director Wilson & Doe
(b) Address 1217 St Paul St
19 (a) (b) Huntington Williams, M.D. Registrar

JUN 24 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943 to June 22 1943, and that I last saw h.. alive on June 22 1943

Immediate cause of death Hemoplegia

	Duration
Due to Hypertensive arterio Sclerosis	14 days
Due to	2
	2
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed 6/23/43

G 05662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05662 Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 Mondawmin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 Mondawmin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Howard

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William F. Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1-1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	6	22		

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edwin Wainwright
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace Unknown

16 (a) Informant Mrs Roland H Adams
(b) Address 2405 Mondawmin
17 (a) Burial (b) Date thereof 6/26/43
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street
19 (a) JUN 24 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 9:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from January 2 1943, to June 23, 1943, and that I last saw her alive on June 23, 1943.

Immediate cause of death: Coronary thrombosis — Duration: all day
Due to: Do not record
Due to:
Other Conditions: Arterio-sclerosis with hypertension. arthritis
(Include pregnancy within 3 months of death)
Pregnant within past year — No
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Maurice J. Shamer M. D.
Address 3300 W. North Ave Date signed 6/25/43

VS 180

G 05663 — Osborn — G 05663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catons Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2746 Mondawton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald H. Osborn

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 705 10-8660

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Queen Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-1898

8. AGE: Years	Months	Days	If less than one day
44	8	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Claim Investigator
11. Industry or business Western Md. R. R.

FATHER
12. Name Charles Osborn
13. Birthplace Md. (Aberdeen)

MOTHER
14. Maiden Name Mary Hills
15. Birthplace Md. (Aberdeen)

16 (a) Informant Records St Agnes Hospital
(b) Address Esther Osborn (wife)

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) Huntington Williams M.D. (Signature of registrar)

JUN 24 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943 at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 23 1943, and that I last saw deceased alive on June 23 1943.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Bryan M.D.
Address St. agnes Hosp. Date signed 6/23/43

G 05664
AB-82205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 05664
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 N. Lemmon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Buck

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	None	M	W	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 31-1888

8. AGE: Years	Months	Days	If less than one day
55	6	23	hr. 22 min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Police
11. Industry or business Central Police

FATHER
12. Name (D)
13. Birthplace Va.

MOTHER
14. Maiden Name (D)
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Pullum & Son
(b) Address 1217 E. Fayette St.

19 (a) [illegible] Huntington Williams M.D.
(b) [illegible]

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1943, at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1943 to 6-23 1943, and that I last saw h alive on 6-22 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 Days
Due to: Hypertension & C.V. disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-24-43

G 05665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8/a

G 05665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Meile

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1897

8. AGE: Years	Months	Days	If less than one day
45 76	8	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation Bridge tender
11. Industry or business

FATHER
12. Name John Henry Meile
13. Birthplace Norfolk, Va.

MOTHER
14. Maiden Name Augusta Long
15. Birthplace Baltimore, Md.

16 (a) Informant Nicholas Meile
(b) Address 2404 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/43 (m.) (d.) (y.)
(c) Cemetery or crematory Westminster
Location Westminster Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1214 Eutaw St
(c) JUN 24 1943 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1943 to June 23 1943, and that I last saw him alive on 6/23/43 19

Immediate cause of death Pneumococcic meningitis type VIII D. pneumoniae

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Rosini M.D.
Address University Hospital Date signed 6/24/43

VS 3

G 05666 BALTIMORE CITY HEALTH DEPARTMENT G 05666
CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 157 Riverside Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. George E. Thomas
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Minnie Margaret (Meyer)
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) March 29 - 1876
8. AGE: Years 67 Months 7 Days 26 If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Box maker
11. Industry or business Self employed

FATHER
12. Name John Thomas
13. Birthplace Balto.

MOTHER
14. Maiden Name Frances Jumper
15. Birthplace Pa.

16 (a) Informant Sarah Eliz. Seary
(b) Address 157 Riverside Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 - 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.
18 (a) Funeral director John A. Connelly
(b) Address 418 Eastern Ave. Essex
JUN 24 1943 (Registrar) (b) Washington Blvd. (Address)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 24 1943 at 8.15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 24 1943 and that I last saw him alive on June 24 1943
Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertensive C-V Disease
Due to:
Other Conditions: Broncho pneumonia (Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William H. Fusting
Address St. Joseph's Hosp. Date signed 6-25-43

VS 8

G 05667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Abell Ave. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME John. J. Roddy
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	W.

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 24-1886

8. AGE: Years	Months	Days	If less than one day
57 56	11 1	0.	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business City.

FATHER
12. Name John J. Roddy.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Maria Naughton.
15. Birthplace Ireland.

16 (a) Informant HARRY A Roddy
(b) Address 7311 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street (Undertaker or Undertaker's Manager) Baltimore Md

JUN 24 1943 (Registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 12:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1. 1941. to June 24 1943. and that I last saw him alive on June 24 1943.

Immediate cause of death (Cerebral) Hemorrhage. Duration 7½ hrs.
Due to
Due to
Other Conditions Epilepsy. 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Feeney
Address 5217 York Rd. Date signed 6/24/43.

05668

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

186a Registered No. G 05668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Church Home + Infirmary 625
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Baltimore Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Booth, Mrs Fannie

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	18	hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joshua Talbott
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Anna Liza Bosley
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. N.R. Ridgely
(b) Address Towson, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Sherwood
Location Cockeysville Md

18 (a) Funeral director Landon L. Brooks
(b) Address Sparks, Md.

JUN 25 1943 (b) Huntington Williams, M.D. (Date received by Registrar) (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943 at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to June 24 1943 and that I last saw h[illegible] alive on June 24 1943

Immediate cause of death: Uremia — Duration: 2 day
Due to: Chronic Nephritis — ?
Due to: Arteriosclerotic Cardio Vascular disease — ?
Other Conditions: Simple Fracture of Femur - Left
(Include pregnancy within 3 months of death)
Date of operation 5-18-43
Major findings of operation: Simple Fracture of Neck of femur - left this was pinned
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 5, 1943 at M
(c) Where did injury occur? 602 Baltimore Ave Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] While at work? No (Specify type of place)
(e) Means of injury Fracture of Femur Left

23. Signature [illegible] M.D.
Address Church Home + Infirmary Date signed 6-24-43

Approved: Broadway E. Wright M.D.

5669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~2 yrs.~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegheny
(c) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert L. Glenn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
M	W	Widowed.

6 (b) Name of husband or wife Isabella Mc Farlane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) (Sept. 27-1882)

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60 61	8	29	Sept. 26, 1881	

9. Birthplace Lonaconing, Md.
(Town, county and state)
10. Usual Occupation Field Representative
11. Industry or business

FATHER
12. Name Francis Glenn
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary (Logan) Longridge
15. Birthplace Belfast, Ireland

16 (a) Informant Mrs. Lee Williams
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43. (month) (day) (year)
(c) Cemetery or crematory
Location Lonaconing Md.

18 (a) Funeral director Eichorn Funeral Home
(b) Address Lonaconing Md.

JUN 25 1943
(Date rec'd by registrar) Lee Williams Mrs. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943 at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943. to June 24 1943. and that I last saw him alive on June 24 1943.

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. B. Bray
Address Mercy Hosp. Date signed 6/24/43

05670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No. G 05670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette - Gilmanton
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2684 Dulaney Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) FULL NAME EDNA A SWEENEY
(b) If veteran, name war —
(c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Raymond J Sweeney
(c) If alive, give age 51 years

Birth date of deceased (mo., day, yr.) February 20 1892

AGE: Years	Months	Days	If less than one day
47	4	2	— hr. — min.

Birthplace Baltimore, Md (Town, county, and state)
9. Usual Occupation Housewife
10. Industry or business —

12. Name John T. Hooper
13. Birthplace Maryland
14. Maiden Name Augusta Mc Farland
15. Birthplace Maryland

(a) Informant Raymond J. Sweeney
(b) Address 2684 Dulaney Pl

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.
(a) Funeral director J. D. Williams & Son
(b) Address 300 Eutaw Place

JUN 25 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22/43 19 , at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18/43 19 , to 6/22/43 19 ; and that I last saw h[illegible] alive on 6/22/43 19 .

Immediate cause of death: Uremia — Duration

Due to: Chronic Glomerulo nephritis

Due to:

Other Conditions: Secondary Uremia

(Include pregnancy within 3 months of death)

Major findings of operations:

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Hooper M. D.
Address Franklin Sq Date signed

VS 3

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

05671 [illegible] YA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G 05671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 E. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Griebel

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John L. Griebel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1890

8. AGE: Years	Months	Days	If less than one day
52	11	18	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Whitaker
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1219 St. Paul St

19 (a) JUN 25 1943 (b) Huntington Williams Signature M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1943 to 6-23 1943, and that I last saw him alive on 6-23 1943.

Immediate cause of death	Duration
Carcinoma of liver	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-24-43

05672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 Registered No. G 05672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 E. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Theodore Walker

3 (b) If veteran, name war —
3 (c) Social Security Account No. Dead

4. Sex: male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ wife: Mary A. Walker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 23rd 1855

8. AGE: Years: 87 | Months: 6 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Laurel Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Stationary Fireman

12. Name of father: Joshua Walker

13. Birthplace of father: Unknown

14. Maiden name of mother: Amelia Kane

15. Birthplace of mother: "

(a) Informant: Edward P. Walker
(b) Address: 206 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/43 (month) (day) (year)

(c) Cemetery: Morland Park
Location: Parkville Md.

(a) Funeral director: William Cook Inc.
(b) Address: 127 E. Paul St.

JUN 25 1943 (Date received by registrar) (b) H. Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 11:05 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fracture of skull.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/23/43 at 10:30 P M
(b) Where did injury occur? At home 2617 E
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Fell at home Fell down stairs

23. Signature Robert Lee Preston M.D.
Medical Examiner
Date signed June 24 1943

VS 181

05673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. C 05673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Louise Hammaker.

(b) If veteran, name war No
3 (c) Social Security Account No. [illegible]

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
(b) Name of husband or wife Mr Benton Hammaker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/1/06
8. AGE: Years 36 Months 6 Days 22 If less than one day hr. min.
9. Birthplace Johnstown Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Joseph F Rhodes
13. Birthplace Pa
14. Maiden Name Dorothy Emma Siebert
15. Birthplace Pa

16. (a) Informant Benton C Hammaker
(b) Address 1806 N Fulton Ave
17. Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Druid Lawn
Location Druid Lawn Md
(a) Funeral director Wilson Funeral Home
(b) Address 1317 N Howard St

JUN 25 1943
(Date rec'd by registrar)
(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1943, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1943, to 6/23 1943
and that I last saw her alive on 6/23 1943.

Immediate cause of death: Coronary Thrombosis Fulminating (Acute)
Due to
Due to
Other Conditions: Bronchopneumonia Terminal (1482)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: ? ? ?

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard S. Rude M. D.
Address Bon Secours Hosp. Date signed 6/23/43

VS 3

05674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Elizabeth Harting

3 (b) If veteran, name war W
3 (c) Social Security Account No. 20665

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband Martin C. Harting
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19th 1885

8. AGE: Years	Months	Days	If less than one day
57	8	4	hr. min.

9. Birthplace Cumberland Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Basil T. Garlitz
13. Birthplace Cumberland Md.

MOTHER
14. Maiden Name Rhoda Morris
15. Birthplace Frederick Md.

16 (a) Informant Martin E. Harting
(b) Address 318 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

JUN 25 1943 (Date received by registrar) Burlington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1943 at 5:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1943 to June 23 1943 and that I last saw h alive on June 21 1943.

Immediate cause of death	Duration
Myocardial insufficiency	1 Day
Due to Chr. Myocarditis + Obesity.	Indef.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas J Keller M. D.
Address 22 W. Monument Date signed June 25 1943

VS 280

05675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106 B

G 05675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 - S. Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James Edward Legg

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 214-03-0150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy (Gatton)

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 8/12/1911

8. AGE: Years	Months	Days	If less than one day
31	10	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Bath - Steel Co. / Key Highway

11. Industry or business Fire Dept.

FATHER
12. Name Vance Legg
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ida (Higdon)
15. Birthplace Maryland.

16 (a) Informant Wife - Dorothy Legg
(b) Address 1015 - S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. I. A. Co. Md

18 (a) Funeral director George J. Fuith Inc
(b) Address 1736 - Harford Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.R.

JUN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to June 24 1943 and that I last saw him alive on June 24 1943

Immediate cause of death

Duration

Respiratory failure

Due to Lobectomy

Due to

Other Conditions Bronchiectasis

(Include pregnancy within 3 months of death)

Date of operation 6/24/43

Major findings of operation: Bronchiectasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Carey M.D.
Address University Hosp Date signed 6/25/43

05676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Wilhelm st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Wilhelm st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur P. Reynolds

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 19 1872

8. AGE: Years 71 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Wm H Reynolds

13. Birthplace Md

MOTHER 14. Maiden name Rachel M. Connelly

15. Birthplace Md

16 (a) Informant Mrs A P Reynolds

(b) Address 1803 Wilhelm st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43 (month) (day) (year)

(c) Cemetery or crematory Carlton Hill

Location Baltimore Md

18 (a) Funeral director Geo A Stanley

(b) Address Fulton & Fayette

JUN 25 1943

Filed by Huntington Williams M.D.

YB 280

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1943, at 10:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1943. to June 1943. and that I last saw h alive on June 23, 19 43.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerotic CV Disease

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Baylus M. D.

Address 600 Wilkens Ave Date signed 6/25/43

05677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05677

1164 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 27-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Bauernwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia L. Kreglo

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wm F. Kreglo

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 1, 1877

8. AGE: Years 66 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Taylorsville, Carroll Co, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Augustus Braungart

13. Birthplace Germany

14. Maiden Name Elizabeth Engle

15. Birthplace Carroll Co. Md.

16. (a) Informant Mrs C. R. Forney

(b) Address 2808 Bauernwood Ave.

17. (a) Buried (b) Date thereof June 27-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Taylorsville
Location Taylorsville Md

18. (a) Funeral director Joseph S. Mackenzie
Whitehall, Md

(a) JUN 25 1943
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24- 1943, at 11 25 P. M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Gun shot of abdomen

Due to

Other Conditions Suspendent

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-21-43 8.30 P M.
(b) Where did injury occur? 2808 Bauernwood Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury: Self inflicted gun shot wound.

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 6-25-43

VS 181

05678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 05678 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Worthington

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1934

8. AGE: Years	Months	Days	If less than one day: hr.	min.
8	11	2		

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation School - Boy

11. Industry or business

12. Name John Worthington

13. Birthplace Baltimore, Md

14. Maiden Name Melvina Sheppard

15. Birthplace Frederick, Md

16 (a) Informant John W Worthington

(b) Address 626 Laurens St

17 (a) Burial (b) Date thereof June 25, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Busey Park
Location Howard Co. Md

(a) Funeral director Mrs Katie R Williams

(b) Address 3232 Schroeder St

(c) JUN 25 1943 Huntington Williams, Mgr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 3:40 P M

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained at Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury June 22 at 1943 3 P.M.

(b) Where did injury occur? Gwynns Falls at Carrollton Ave

(c) Did injury occur at home, on farm, industrial place, in public place? Gwynns Falls Park While swimming

(d) Means of injury Drowning

23. Signature Robert L. Graham M.D.
Medical Examiner.

Date signed June 24 1943

VS 151

gas 05679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 05679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Elder alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Elder Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William B Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) M 07

8. AGE: Years 56 Months Days If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business

12. Name John Owens

13. Birthplace

14. Maiden Name Margate ?

15. Birthplace

16. (a) Informant Estelle Johnson

(b) Address 646 Stemmers Run

17. (a) (Burial, cremation, or removal) (b) Date thereof 6/28/43 (mo.) (day) (yr.)

(c) Cemetery or crematory Mt Calvary

Location A. A. County

18. (a) Funeral director Adolphus Halstead

(b) Address 418 Broadway

19. (a) (b) Registrar

(Date received by registrar) JUN 29 1943

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1943, at 12 Y.P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Robert Lee Fretwell M.D. Medical Examiner

Date signed June 19 1943

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

5680 G 05680

BALTIMORE CITY HEALTH DEPARTMENT

MJ-79093 CERTIFICATE OF DEATH 518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 Enon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elenor Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1886

8. AGE: Years 57 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Atlantic Transport

FATHER
12. Name Moses Robinson (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Henriette Banks (D)
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY (RECORDS)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Joshua Hall
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1943 at 9:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1943 to 6-21 1943 and that I last saw him alive on 6-21 1943.

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Carcinoma of prostate

Due to

Other Conditions Hypertension C.V.D. (Include pregnancy within 3 months of death)

Date of operation Cystoscopy 7-30-42

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haase M. D.
Address 1 E. Saratoga St. Date signed 6-23-43

VS 180

5681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579

Registered No. G 05681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4958 Conwell Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert W. Katen

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 29/1943

8. AGE: Years	Months	Days	If less than one day
		25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm C Katen
13. Birthplace Balto

MOTHER
14. Maiden Name Edna Kastner
15. Birthplace Balto

16 (a) Informant Mrs John Land
(b) Address 4300 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Ullrich Funeral Home
Address 904 W. Lafayette Ave

19 (a) JUN 25 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1943, at 4:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, 1943 to June 23, 1943, and that I last saw him alive on June 23, 1943

Immediate cause of death Atelectasis — Duration: 25 days

Due to Post-operative

Due to Removal of operation for Congenital Pyloric Stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 10, 1943

Major findings of operation: Congenital Pyloric Stenosis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Muenneke M. D.
Address Sinai Hosp. Date signed 6-23-43

VS 180

5682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1142

Registered No. G 05682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Yorkleigh Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Meredith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Jeanette
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17-1901

8. AGE: Years	Months	Days	If less than one day
42	5	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrical engineer
11. Industry or business

MOTHER'S NAME
12. Name Harry Meredith
13. Birthplace England
14. Maiden Name Agnes Burmingham
15. Birthplace Maryland

16 (a) Informant Jeanette Meredith
(b) Address 109 Yorkleigh Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Rusch
(b) Address 5305 Harford Road
(c) JUN 25 1943 (Date rec'd by registrar) (d) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 23 1943 and that I last saw h/ alive on June 23 1943.

Immediate cause of death	Duration
Respiratory paralysis	
Due to Pontine cerebral hemorrhage	
Due to Lung abscess	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Abscess of lung - cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene A. Eyles M. D.
Address 6 McCleans Ct Date signed 6-24-43

VS 2

05683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Hunter St.
(c) Hospital or institution:

12-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23420

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Hunter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Dorsey.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

12. Name Unknown

13. Birthplace N. J.

14. Maiden Name Unknown

15. Birthplace N. J.

16 (a) Informant Theodore Dorsey

(b) Address 2014 Hunter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co

(a) Funeral director Rayner Sanders

(b) Address 1412 E. Fleston St

JN 25 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1943, at 1.10 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Hypertensive Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/25/43.

VS 161

5684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1312

G 05684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Crestlyn Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3819 Crestlyn Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Wilmerding Hoshall Brundrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Widowed

6 (b) Name of husband or wife Arthur Robt. Brundrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1876

8. AGE: Years	Months	Days	If less than one day
66	6	10	hr. min.

9. Birthplace Parkton, Balto Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

12. Name Stephen Gill Hoshall
13. Birthplace Parkton, Md.
14. Maiden Name Ann Slade
15. Birthplace Parkton, Md.

16 (a) Informant Mrs. Rowland J. Byrne
(b) Address 3819 Crestlyn Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26. 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Treelond Maryland

18 (a) Funeral director Lasaga Funeral Home
(b) Address 7400 Belair Road

19 (a) SUN 29 1943 Huntington Williams Mgr.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1943, at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8th 1943, to June 23rd 1943, and that I last saw her alive on June 23rd 1943.

Immediate cause of death	Duration
Cardiac insufficiency	1 wk
Due to Arteriosclerosis with hypertension	years
Due to Chronic Endocarditis	years
Other Conditions Chronic Nephritis	1 yr ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 6-25-43

VS 8

05685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 47a

G 05685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 S. Bruce St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 S. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Walter Benny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife (Reinhart) Emma M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 6, 1878

8. AGE: Years 65 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Benny
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Emma M. Benny
(b) Address 212 S. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Harry A. Kirkle
(b) Address 4101 E. Monument Ave.

JUN 25 1943 (b) Huntington Williams, M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1943 at 7 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1943 to June 22 1943 and that I last saw h[illegible] alive on June 21 1943

Immediate cause of death: Metastatic Laryngeal carcinoma — Duration between onset and death

Due to

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosman, M. D.
Address 206 S. Eutaw St. Date signed 6-23-43

VS 150

05686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. C 05686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Argyle Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Goldring

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Basil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1863

8. AGE: Years 80 | Months — | Days 8½ | If less than one day hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin Smallwood
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Ella ?
15. Birthplace Calvert Co. Md.

16 (a) Informant Grace Ryan
(b) Address 1051 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1943 (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Geo. W. Holland
(b) Address 1643 Pennsylvania Ave

19 (a) JUN 25 1943 (b) Huntington (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 7.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1943 to June 11 1943 and that I last saw h alive on 6/11 1943

Immediate cause of death: Cardio Renal Vascular disease — Duration ?

Due to

Due to Dr Maddux was Consulted about this

Other Conditions of Significance

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ✓

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Johnson

ROBERT W. JOHNSON, M. D.

Address 117 W. SARATOGA ST. BALTIMORE, MD. Date signed 6/25/43 M. D.

VS 150

05687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147B Registered No. G 05687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Irene
(c) Hospital or institution:
University Md. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name town)
(d) Street No. 256 N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? None (No) If yes, name country

F 79478

3 (a) FULL NAME Nina Keene
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Bl	M.

6 (b) Name of husband or wife Edgar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 1916

8. AGE: Years	Months	Days	If less than one day
27	4	16	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Waters
13. Birthplace md

MOTHER
14. Maiden Name Bertye —
15. Birthplace md

16 (a) Informant Edgar Keene
(b) Address 256 N. Arlington
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/43 (month) (day) (year)
(c) Cemetery or crematory Golden Hill
Location Md
18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Preastman
(c) Huntington Nurse Md (Signature of local registrar)
JUN 25 1943
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 6 00 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from June 23 19 43 to June 23 19 43, and that I last saw her alive on June 23 19 43.

Immediate cause of death	Duration
Hyperpyrexia - Temp. 109	12 hrs.
Due to Cause unknown (Possible septicemia)	
Due to	
Other Conditions Normal full term delivery 5 weeks ago. (Include pregnancy within 3 months of death)	over

Date of operation —
Major findings of operations —
of autopsy Organs grossly negative

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature M. V. Palmer M. D.
Address Maternity Hospital Date signed 6/24/43

436401

G 05688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ G 05688

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Flint St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Waldhauer

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 217 09 2845

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-79

8. AGE: Years 63 | Months 11 | Days 5 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation BOX MAKER

11. Industry or business ACME BOX CO.

FATHER 12. Name John Waldhauer
13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Lang
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 26/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S WOLF ST.

JUN 25 1943 (Registered) (b) Huntington Phillips M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to June 22 1943 and that I last saw him alive on June 22 1943.

Immediate cause of death Congestive heart failure — Duration

Due to Arteriosclerotic heart disease

Due to ? Mild hypertension

Other Conditions

(Includes pregnancy within 3 months of death)

Date of operation

Major findings of operation: Not done

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I B Schwartz M.D.
Address Johns Hopkins Hosp Date signed 6/25/43

VS 150

G 05689 ✓ G 05689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital Q
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Chapel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Humphreys

(b) If veteran, name war NO —
3 (c) Social Security Account No. NONE —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: SINGLE —
(b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) AUG. 1937

8. AGE: Years	Months	Days	If less than one day
6	10		hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

12. Name HOWARD H. HUMPHREYS
13. Birthplace BALTO. MD.
14. Maiden Name CATHERINE LAYFIELD
15. Birthplace BALTO. MD.

(a) Informant HOWARD HUMPHREYS (FATHER)
(b) Address 1711 N. CHAPEL ST.

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 26/43 (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ
Location ODONNELL ST.
(a) Funeral director Lilly and Zeiler INC.
(b) Address 403 E. WOLFE ST.
(a) JUN 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23- 1943 at 9 30 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured skull
Due to Fractured feloris
Other Conditions Contusions, brush burns & lacerations
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-23-43 at 9 A M
(b) Where did injury occur? Chapel St. above Lanvale St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by Auto-Truck

23. Signature Howard J. Lemmon M.D. Medical Examiner.
Date signed 6-23-43

VS 161

G 05690 ✓ G 05690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 S. BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S. BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM SCHECH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	214 01 449 8

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA SCHECH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 4 1873

8. AGE: Years	Months	Days	If less than one day
70	4	19	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED WATCHMAN
11. Industry or business STANDARD OIL CO.

FATHER
12. Name INGAUTUS SCHECH
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARGARET RICE
15. Birthplace BALTO. MD.

16 (a) Informant ANNA SCHECH (WIFE)
(b) Address 508 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 26/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 N. WOLFE ST.

19 (a) (b) Armstrong Williams M.D.

REGISTERED JUN 25 1943

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JUNE 23 1943 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1943 to June 23 1943. and that I last saw h[illegible] alive on June 23 1943

Immediate cause of death
Carcinoma 1 Stomach
Secondary Carcinoma
Due to Myocardial Insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2529 East 9[illegible] Date signed 6/24/43

G 05691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

G 05691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 ODONNELL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 ODONNELL ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES A. REAGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife SARAH REAGAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 14 1882

8. AGE: Years	Months	Days	If less than one day
61	4	9	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation TAVERN KEEPER
11. Industry or business FOR SELF

FATHER
12. Name JAMES REAGAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MAMIE BERRY
15. Birthplace BALTO. MD.

16 (a) Informant SARAH REAGAN (WIFE)
(b) Address 2900 ODONNELL ST.

17 (a) BURIAL (b) Date thereof JUNE 28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.
18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.
19 (a) Edgerton Williams M.D.
(b) Address

JUN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 23 1943, at 6/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 23 1943, and that I last saw h. (M) alive on June 23 1943.

Immediate cause of death Chronic Myocarditis Chronic Nephritis
Due to Cirrhosis of Liver
Due to Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Joseph Tawney
Address 441 N. Ellwood Ave Date signed 6/28/43

05692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 6 05692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Middletown
(If outside city or town limits, write RURAL and give town)
(d) Street No. --
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SPENCER

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Sophie W. Arnold

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Dec. 17, 1880

8. AGE: Years 62 | Months 5 6 | Days 18 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Rising Sun, Delaware
(Town, county, and state)

10. Usual Occupation: Lighthouse keeper

11. Industry or business: " (Coast Guard)

FATHER
12. Name: David E. Spencer
13. Birthplace: Dover, Delaware

MOTHER
14. Maiden Name: Roxanna Beers
15. Birthplace: Trenton, N. J.

16 (a) Informant: Records, U.S.Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1943 (month) (day) (year)
(c) Cemetery or crematory: Odd Fellows
Location: Camden, Delaware

18 (a) Funeral director: Edward Fellows
(b) Address: Millington, Md.

19 JUN 25 1943
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH June 24, 1943, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1943, to June 24, 1943, and that I last saw him alive on June 24, 1943.

Immediate cause of death: Marked myocardial scaring with subacute infaret of apex left ventricle — Duration: Unk.

Due to

Due to

Other Conditions: Generalised arteriosclerosis with marked coronary sclerosis; — Unk.
(Pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. S. Bryan

Address: Baltimore, Md. Date signed: 6/26/43

No. 46563

G 05693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 G [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp 8-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Llewellyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Bonnie Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: m

5. Color or race: c

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-40

8. AGE: Years 3 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Hubert L. Jackson

13. Birthplace Va

14. Maiden Name Hazel Williams

15. Birthplace Md

16 (a) Informant Hazel Jackson

(b) Address 1714 Llewellyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location Balto. Co

18 (a) Funeral director Saml. W. Chase & Son

(b) Address 638 N. Gilmor St

19 (a) JUN 25 1943 (Date) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 10:20 AM

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Toxemia from 3rd degree burns.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury June 24, 1943 at 8:50 AM

(b) Where did injury occur? 1714 Llewellyn Ave

(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? no

(d) Means of injury Burned in conflagration

23. Signature Robert L. Jackson M.D. Medical Examiner.

Date signed June 24 1943.

VS 181

G 05694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180

G 05694
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Llewellyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Lee Jackson

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-11-41

8. AGE: Years 2 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Herbert L. Jackson

13. Birthplace Va.

14. Maiden Name Hazel Williams

15. Birthplace Md

16. (a) Informant Hazel Jackson

(b) Address 1714 Llewellyn Ave

17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington

Location Balto. Md.

18. (a) Funeral director Saml. H. Chaney & Son

(b) Address 638 N. Gilmor St

(c) Registered with Huntington Williams, Reg.

JUN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 10:30 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury June 24 1943 at 8:50 P.M.

(b) Where did injury occur? 1714 Llewellyn Ave

(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No

(d) Means of injury Burned in conflagration

23. Signature Robert Lee Jackson M.D.
Medical Examiner.

Date signed June 24 1943

G 05695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 05695 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp. 6th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Llewelyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-43

8. AGE: Years 0 | Months 4 mos | Days 13 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Andrew Jackson

13. Birthplace Va.

14. Maiden Name Blanche Williams

15. Birthplace Md.

16 (a) Informant Blanche Williams

(b) Address 1714 Llewelyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location Balto Co.

18 (a) Funeral director Sam'l. M. Edgar & Son

(b) Address 638 W. Lexington St. Huntington Williams, M.D.

JUN 25 1943 (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia from 3rd degree burns.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 1943

(a) Date of injury June 24 at 8:50 A.M.

(b) Where did injury occur? 1714 Llewelyn Ave

(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No

(d) Means of injury Burned in conflagration

23. Signature Robert Lee Faehan M.D. Medical Examiner

Date signed June 24 1943.

G 05696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180

G 05696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec 8-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Llewellyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: m

5. Color or race: c

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-43

8. AGE: Years | Months: 4 mos | Days: 13 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Andrew Jackson

13. Birthplace Va.

14. Maiden Name Blanche Williams

15. Birthplace Md.

16. (a) Informant Blanche Williams

(b) Address 1714 Llewellyn Ave

17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington

Location Balto. Co.

(a) Funeral director Sam'l. M. Grant Son

(b) Address 688 N. Fulton Ave

JUN 25 1943

(c) Registrar Washington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 10:30 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Toxemia from 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury June 24 1943 at 8:50 A.M.

(b) Where did injury occur? 1714 Llewellyn Ave

(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? no

(d) Means of injury Burns in conflagration

23. Signature Robert L. Yates, M.D.
Medical Examiner.

Date signed June 24 1943

G 05697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

G 05697
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Baker St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JOSEPH OSTERHOUT

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1935

8. AGE: Years: 8 | Months: 2 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: School

11. Industry or business

12. Name: Harry William Osterhout

13. Birthplace: Newark, N. J.

14. Maiden Name: Buelah Thomason

15. Birthplace: Virginia

16 (a) Informant: Harry W. Osterhout

16 (b) Address: 2420 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)

17 (c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: H. Sander & Sons, Inc.

18 (b) Address: North Ave. & Broadway

JUN 25 1943 (b) Huntington Williams, M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 6 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 23, 1943 at 7 M
(c) Where did injury occur? Gwynns Falls
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? stream While at work? No
(Specify type of place)
(e) Means of injury Fell into stream

23. Signature Robert Lee Feather M.D.
Medical Examiner.

Date signed

VS 6

G 05698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B Registered No. G 05698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 650 Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 650 Smallwood St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Fayne Smith Green

(b) If veteran, name war

(c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
(b) Name of husband or wife George Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1878

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

12. Name John Diggs
13. Birthplace Md.

14. Maiden Name Maud Dorsey
15. Birthplace Md.

16. (a) Informant Fanny Welch
(b) Address 650 Smallwood St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location
(a) Funeral director Mr Katie R. Williams
(b) Address 322 N. Schroeder St
(a) Huntington Williams Mortuary
(Registered by registrar)

25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1943, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to June 22 1943 and that I last saw her alive on June 22 1943.

Immediate cause of death Carcinoma of Uterus — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Williams M.D.
Address 1918 Pine Ave Date signed June 24/43

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 05699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05699 Registered No.

Va 75403

1. **PLACE OF DEATH:**
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 2317 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lee, Gertrude

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife (Dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 65	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Moses West
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof
(c) Cemetery or crematory
Location Barnes

18 (a) Funeral director J. F.
(b) Address

(Date received) JUN 25 1943 (Registrar) Huntingtown, Md.

VS 150

MEDICAL CERTIFICATION

20. **DATE OF DEATH** June 16 1943, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-42 19 to 6-16 1943 and that I last saw him alive on 6-16 1943.

Immediate cause of death Cerebral hemorrhage — Duration 12 hr.

Due to Hypertensive C-V-D — ?

Due to

Other Conditions Arteriosclerosis generalized — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 6-24-43

G 05700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

G 05700
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution Lyndenham Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 28 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Pine Street
(If rural give location)
(e) If foreign born, how long in U. S. A.)

3. (a) FULL NAME Jerome Hall
(b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex M
5. Color or race B
6 (a) Single, married, widowed, or divorced. S
(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 3 1941
8. AGE: Years 1 Months 8 Days 24 If less than one day hr. min.
9. Birthplace Balto. Md. (City, county, and state)
10. Usual Occupation Child
11. Industry or business

12. Name Howard Hall
13. Birthplace Balto, Md.
14. Maiden Name Willa May Robinson
15. Birthplace Rocky Mt, N. Carolina
(a) Informant Mother
(b) Address 316 Pine St. Balto. Md
(a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (month) (day) (year)
(c) Cemetery or crematory Bet. Auburn
Location Balto. Md.
(a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave
6-25 1943 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1943, at 6 30 PM
21. I certify that death occurred on the date above stated; that I attended deceased ~~on~~ 6/23 1943, to ——— 19—
and that I last saw h/m alive on 6/23 1943.

Immediate cause of death: Meningococcus Septicemia & Meningitis — Duration 20 hrs.
Due to Causing Shock — 6 hrs.
Due to Circulatory collapse
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frank W. Hibbs M. D.
Address Lyndenham Hosp. Date signed 6/23

VS 3

G 05701 ✓ G 05701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 Charlcote Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Charlcote Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Swettman Ames

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Mary B. Ames

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1864

AGE: Years	Months	Days	If less than one day
78	11	21	hr. min.

8. Birthplace Manchester, Vermont (Town, county, and state)

9. Usual Occupation Retired University President

10. Industry or business

12. Name George Lapham Ames

13. Birthplace Amherst Mass

14. Maiden Name Elizabeth Laura Bacon

15. Birthplace Amherst Mass

16 (a) Informant Mrs. Katherine W. Baldwin

(b) Address Owings Mills, Md.

17 (a) Burial (b) Date thereof June 26 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Thomas

Location Garrison Forest Rd

18 (a) Funeral director Henry W. Jenkins (Inc.)

(b) Address McCulloh & Orchard Sts

JUN 25 1943

(b) Registrar

Filed by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1929 to June 24 1943, and that I last saw h[illegible] alive on June 24 1943.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Cerebral thrombosis; Hemiplegia (Rt) 5 mos. — May 1936

Due to Arteriosclerosis 9 mos. since — 1933

Other Conditions Hypertension since — 1934

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis F. Hamburger M. D.

Address 1207 Eutaw Pl. Date signed June 25/43

VS 3

G 05702

BALTIMORE CITY HEALTH DEPARTMENT ✓ X

CERTIFICATE OF DEATH 49w

G 05702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3609 Elkader Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Hughesville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Anna Mae Moran.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Carroll W. Moran
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.): May 31-1889
8. AGE: Years 54 | Months 0 | Days 25 | If less than one day: hr. min.
9. Birthplace: St. Marys Co. Md (Town, county and state)
10. Usual Occupation: housewife
11. Industry or business: at Home

FATHER
12. Name: John H. Lyon.
13. Birthplace: Md

MOTHER
14. Maiden Name: Johnna Herbert.
15. Birthplace: Md

16 (a) Informant: Mrs. Clara Parker.
(b) Address: 3609 Elkader Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)
(c) Cemetery or crematory: St. Marys Cem
Location: Bryantown Md

18 (a) Funeral director: Hunt & Ryon
(b) Address: Waldorf Md

19 JUN 25 1943 (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1943 to June 23 1943 and that I last saw her alive on June 23 1943.

Immediate cause of death: Adenocarcinoma of the ovary & metastasis — Duration: 1 year.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation Jan. 30, 1943
Major findings of operation: adenocarcinoma of ovary & extensive peritoneal spread
~~of autopsy~~:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Samuel M. Lanahan M. D.
Address 108 East 33rd Date signed 6-28-

VS 150

G 05703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

G 05703 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 Cokesbury Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 Cokesbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Hoble

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1863
8. AGE: Years 80 | Months — | Days — | If less than one day hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name Johanna Smith
15. Birthplace —

16 (a) Informant Mrs. Cecelia Stenfort
(b) Address 638 Cokesbury Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location —
18 (a) Funeral director Mary M. Wakefield
(b) Address 201 E. 22nd St
19 (a) Huntington Williams M.D. (Registrar)

JUN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 12:45 PM
21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to June 23 1943, and that I last saw him alive on June 16 1943.

Immediate cause of death Carcinoma of Breast — Duration 1 yr
Due to
Due to
Other Conditions Chronic Myocarditis — 2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave Date signed 6-25-43

05704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 05704

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 604 N. Bouldin St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 604 N. Bouldin St. (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

(a) FULL NAME Albert H. Loose

(b) If veteran, name war None

3 (c) Social Security Account No. 216-05-1686

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

(b) Name of husband or wife Margaret A. Loose

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 7, 1888

8. AGE: Years 55 | Months 1 | Days 17 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business —

12. Name Joseph F. Loose

13. Birthplace Germany

14. Maiden Name Dora C. Link

15. Birthplace Baltimore

16 (a) Informant Margaret A. Loose

(b) Address 604 N. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor av

18 (a) Funeral director E. Walter May

(b) Address 648 N. Bouldin St

(c) Huntington Williams M.D. Registrar

(d) JUN 26 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1943 at 2 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb, 1937 to June 24 1943 and that I last saw him alive on June 23 1943

Immediate cause of death: Rheumatic cardio vascular renal disease — Duration ?

Due to —

Due to —

Other Conditions Chr. Inter. Nephritis 2 yrs

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. C. Sikorski M. D.

Address 6939 Fr. Ellicott Date signed 6/26/43

VS 8

5705
436712

BALTIMORE CITY HEALTH DEPARTMENT X 52B Registered No. 5705

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. Arundel
(c) City or town CHURCHTON (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Fountain
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife MARY
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) 3-27-73

8. AGE: Years	Months	Days	If less than one day
70	2	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation GARDENER
11. Industry or business

FATHER 12. Name Robert Fountain
13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Alden
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 43 (month) (day) (year)
(a) Cemetery or crematory Greenmount
Location Churchton Road
18 (a) Funeral director J. B. Johnson
(b) Address Annapolis
JUN 26 1943 (Registrar) Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943 at 9.50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to June 24 1943 and that I last saw h[illegible] alive on June 24 1943.

Immediate cause of death Heart insufficiency. — Duration

Due to Coronary

Due to

Other Conditions Carcinoma of bladder.
(Include pregnancy within 3 months of death)

Date of operation 6-22-43
Major findings of operation:

of autopsy: Coronary

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. R. Thorp
Address John Hopk. Hosp. Date signed 6/24/43 M.D.

VS 180

05706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1167

Registered No. G 05706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Brauer St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hawit Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Minnie Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1919

8. AGE: Years	Months	Days	If less than one day
23 24	11	7	hr. min

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harris Moore
13. Birthplace Virginia

MOTHER
14. Maiden Name Jemima Riley
15. Birthplace Delaware

16 (a) Informant Minnie Moore
(b) Address 624 W. Lee St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25th 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (a) JUN 26 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 9:15 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Stab wound
Chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 23 at 1943 8:45 P. M.
(b) Where did injury occur? 1100 Brauer St
(c) Did injury occur at home, on farm, industrial place, in public place? 1100 Brauer St While at work? No
(d) Means of injury Stabbed

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 24 1943

VS 151

05707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164C

G 05707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 De Soto Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 De Soto Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Florey

3 (b) If veteran, name war W —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1909

8. AGE: Years 33 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Balto Contractors

FATHER
12. Name Jacob Florey
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Carrie R. Gaylord
15. Birthplace Balto. Md.

16 (a) Informant Carrie R. Florey
(b) Address 1517 De Soto Rd.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 26 1943 Hartington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25- 1943, at 10 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shot gun 2 chest wounds
Heart & lung

Due to

Other Conditions Fracture of spleen.
Fractured ribs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-25-43 at 9 A M
(b) Where did injury occur? 1517 De Soto Road
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury 16 gauge double barrel shot-gun

23. Signature Howard J Madden M.D.
Medical Examiner.
Date signed 6-25-43

G 05708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05708 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 E Monument
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 E Monument (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kyoji Okajima

3 (b) If veteran, name war W | 3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Saki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 / 1873

8. AGE: Years 69 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Japan (Town, county, and state)

10. Usual Occupation Merchant, Oriental Gift Shop

11. Industry or business Sale

FATHER
12. Name Unknown
13. Birthplace Japan

MOTHER
14. Maiden Name Sonta Yoshikama
15. Birthplace Japan

16 (a) Informant Saki Okajima
(b) Address 2235 E Monument St

17 (a) Cremated (b) Date thereof 6/27/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

(c) (d) JUN 26 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 10 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1943 to June 25 1943 and that I last saw him alive on June 25 1943

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions Cold Abscess of Sacral Area (Include pregnancy within 3 months of death)

Date of operation Jan 4 1943

Major findings of operation: Tuberculous Abscess of Sacral Region

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Vincent V. Foster M. D.
Address 845 N. Eutaw St. Date signed 6/25/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

C 05709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C 05709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Somerset Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel E. Egerton Jr.

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband or~~ wife Lelia Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7th 1872

8. AGE: Years	Months	Days	If less than one day
70	10	18	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Wholesale Grocer

FATHER
12. Name Samuel E. Egerton
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Martha Wilson
15. Birthplace Va

16 (a) Informant Mrs Lelia M. Egerton
(b) Address 400 Somerset Rd

17 (a) Burial (b) Date thereof 6/28/43
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 E. Read St

19 (a) JUN 26 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) ~~Local Registrar~~

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 2 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner
Date signed June 25 1943.

VS 6

G 05710

05710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Harford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie Parrish

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NAE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband ~~or wife~~: George Parrish
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace: Georgia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: Unknown
13. Birthplace: Ga.

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Judson L. Dews
100 Sycamore Rd. - Linthicum Heights

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Western
Location Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 12 W. St. Paul St. Huntington Apartments, Md.

19 (a) JUN 26 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 7:40 P.M.

21. I certify that I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 24 1943

VS 151

05711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 05711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1943

8. AGE: Years	Months	Days	If less than one day
		0	1 hr. 25 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Jesse Bruce Davis
13. Birthplace Chicago

MOTHER
14. Maiden Name Flossie Farris
15. Birthplace Northumberland Co.

16 (a) Informant Flossie Davis
(b) Address 1422 Argyle Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1943, at 4.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943, to June 24 1943, and that I last saw h[illegible] alive on [illegible] 19[illegible]

Immediate cause of death Cardiac failure due to prematurity. 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed [illegible]

VS 8

0197

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05712 G 05712

MJ-67536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 11 mos., 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar Kaoki or Oscar Koski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1892

8. AGE: Years	Months	Days	If less than one day
50	9 11	22	hr. min.

9. Birthplace Finland (Town, county, and state)
10. Usual Occupation Tin Mill
11. Industry or business

FATHER
12. Name Simon Kaoki
13. Birthplace Finland

MOTHER
14. Maiden Name Filo?
15. Birthplace Finland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 25 1943 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943 at 4 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943 to 6-20 1943, and that I last saw h alive on 6-20 1943.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Arteriosclerotic Heart Disease — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto City Hosp Date signed 6-24-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0198

5713 F.N 79967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 05713 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 3 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months

(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 119 Albemarle St Albemarle (Do not use abbreviation)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Milander , Christian

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1869

8. AGE: Years	Months	Days	If less than one day
73	9	11	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Milander

13. Birthplace Europe

MOTHER 14. Maiden Name Mae ?

15. Birthplace Europe

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUN 25 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUN 25 1943 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943, at 9 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1943 to 6-20 1943, and that I last saw him alive on 6-20 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day

Due to: Generalized arteriosclerosis — ?

Due to:

Other Conditions: Cardiac failure — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. R. Rathbun M. D.

Address Balto. City Hosp Date signed 6-25-43

F 0199

5714

AB-82110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05714 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S. High St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paisco D'Aipazzo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24-1878

8. AGE: Years	Months	Days	If less than one day
64	5 9	25	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Pasquale D'Aipazzo
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine De Pietro
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1943 (Signature of Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1943 at 4 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943 to 6-19 1943, and that I last saw h[illegible] alive on 6-19 1943.

Immediate cause of death	Duration
Coronary occlusion	?
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 6-25-43

F 0280

G 05715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 05715

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 1500 N
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3415 Copley Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME David N. Bachrach

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-2249

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mrs Irene Bachrach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1876

8. AGE: Years 66 | Months 11 | Days 5 days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Own business

FATHER 12. Name Nathan Bachrach

13. Birthplace Baltimore

MOTHER 14. Maiden Name Hannah Jacoby

15. Birthplace Baltimore

16 (a) Informant Mrs Irene Bachrach

(b) Address 3415 Copley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/43. (month) (day) (year)

(c) Cemetery ~~co-cemetery~~ Bath. Hebrew

Location Bath. Md.

18 (a) Funeral director Harris Levenson & Son

(b) Address 1625 E. Eutaw Pl. Huntington Woodlawn, Md.

JUN 26 1943

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1943 at 9:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 — 1943 to 6/25 1943, and that I last saw h alive on 6/25 1943.

Immediate cause of death Gangrene of pneumonia

Due to Prostatic Insufficiency

Due to

Other Conditions Pneumonia & anemia (Include pregnancy within 3 months of death)

Date of operation 6/22/43

Major findings of operation: B. Coli abscess

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Mason Kurd M.D.

Address Church Home & Hosp Date signed 6/25/43

VS 250

G 05716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Forrest St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Shaw,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Evelyn H. Shaw,
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 1. 1858

8. AGE: Years	Months	Days	If less than one day
84	11	25	23 hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Western MD. R.R.

FATHER
12. Name William Shaw,
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Evelyn H. Shaw,
(b) Address 1122 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28. 1943 (month) (day) (year)
(c) Cemetery or crematory Piney Creek
Location Tanneytown Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 JUN 26 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUN 24 1943 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to June 24 1943, and that I last saw h[illegible] alive on June 23 1943.

Immediate cause of death Coronary thrombosis — Duration 2 days
Due to arteriosclerosis Hypertension ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfarb M.D.
Address 514 E. Preston Date signed June 25 1943

05717 AB-82143 G 05717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 W. Pratt St.
If rural
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Knight-Twin 'B'

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19-1943

8. AGE: Years | Months | Days | If less than one day: 3 hr. 1 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Knight
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Nicholson
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (b) Date thereof June 25 1943 9:00 A.M.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave, Baltimore Md.

18 (a) Funeral director
(b) Address

19 JUN 26 1943 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19-43 19 , at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1943, to 6-19 1943, and that I last saw her alive on 6-19 1943.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Prematurity	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. E. Randolph M. D.
Address Balto City Hosp. Date signed 6-19-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05718

AB-82144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. G 05718

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1820 W. Pratt St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Knight-Twin 'A'

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19-1943

8. AGE: Years | Months | Days | If less than one day: 8 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Robert Knight

13. Birthplace Md.

MOTHER

14. Maiden Name Elizabeth Nicholson

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 25-1943 (month) (day) (year) 9:20 A.M.

(c) Cemetery or crematory Baltimore City Hospitals

Location 4940 Eastern Ave, Baltimore, Md.

18 (a) Funeral director

(b) Address

19 JUN 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19- 1943, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1943, to 6-19 1943, and that I last saw her alive on 6-19 1943.

Immediate cause of death: Intra cranial hemorrhage — Duration: 8 hrs.

Due to: Prematurity

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. E. Randolph, M.D.

Address Balto. City Hosp. Date signed 6-19-43

VS 3

G 05719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1121

Registered No. G 05719

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS MILES

3 (b) If veteran, name war	3 (c) Social Security Account No.
World's War	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1897

8. AGE: Years	Months	Days	If less than one day
46	2	18	hr. min.

9. Birthplace Buckhannon, Va.
(Town, county, and state)
10. Usual Occupation Janitor-Dr. Pushkin
11. Industry or business

FATHER
12. Name John Miles
13. Birthplace Winston Salem, N.C.

MOTHER
14. Maiden Name Melissa Brown
15. Birthplace Roanoke, Va.

16 (a) Informant William Mills
(b) Address Buchanan Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-24-43 (month) (day) (year)
(c) Cemetery or crematory Buchanan
Location Va

18 (a) Funeral director Isaiah L. Burns & Son
(b) Address 10 E W Montgomery St
(c) Date received JUN 26 1943 (d) Registrar Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION P.

20. DATE OF DEATH June 24, 1943 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1943 to June 24, 1943, and that I last saw h im alive on June 24, 1943.

Immediate cause of death Ruptured appendix — Duration About 6/20

Due to

Other conditions: Pneumonia, [illegible], Rt. upper lobe; Ileus, paralytic, following operation 6/22/43 — 2 days

[illegible] — 2 days

(Include pregnancy within 3 months of death)

Date of operation 6/22/43

Major findings of operation: Ruptured appendix (gangrenous)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Burns

Address Baltimore, Md. Date signed 6/25/43

Va-13339

05720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92C

Registered No. C 05720

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1007 E. Preston St.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1007 E. Preston (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Leo Kelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/2/1905

8. AGE: Years 37 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Lather for City

11. Industry or business of Baltimore

FATHER 12. Name John J. Kelley

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Keaveny

15. Birthplace Ireland

16 (a) Informant Mrs Mary Kelley

(b) Address 1007 E. Preston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd.

18 (a) Funeral director J. J. Fahey & Sons

(b) Address 1818 Light St.

JUN 26 1943

(Registrar) Thaddeus for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943 to June 24 1943 and that I last saw h/ alive on June 24 1943

Immediate cause of death: Coronary Thrombosis — Duration: Sudden

Due to: Chronic Valvular Disease — 7

Due to

Other Conditions: Rheumatic Fever — 5

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph S. Blum M.D.

Address 1206 E. Preston St Date signed 6/24/43

G 05721

Baltimore City
DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 50

G 05721
Reg. Dist. No.

1. PLACE OF DEATH:
(a) 3425 Taylor Ave
City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

27-5

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3425 Taylor Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth C. Pattillo (Elizabeth Chase Pattillo)

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fe	White	Single

6.(b) Name of husband or wife --
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Jan. 2, 1894

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
49	5	22		

9. Birthplace Atlanta, Ga. (Town, county, and state)
10. Usual occupation Director of Music
11. Industry or business School for Blind
FATHER 12. Name Howard Pattillo
13. Birthplace Ga.
MOTHER 14. Maiden name Maude Simmons
15. Birthplace Ga.
16. Informant Mrs. Maude S. Pattillo
Address 3425 Taylor Ave.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 6/26/43 (month) (day) (year)
Cemetery or crematory
Location Atlanta, Ga.
18. Funeral director WM. J. TICKNER & SONS
Address Balto., Md.
19. JUN 26 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943 at 6.15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16 1943 to June 24 1943
and that I last saw h[illegible] alive on June 23 1943
Immediate cause of death Carcinoma, Right Breast with metastases to liver & axilla — DURATION about 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Carcinoma — Date of op. Jan. 1943
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town.) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. Bacon, M.D. M. D. or other
Address 280 Taylor Ave. Date signed 6/24/43

05722

G 05722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Glover St.
(c) Hospital or institution:

6+2

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Glover St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME WILLIAM BENHARD PHILLIPS, Sr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-03-4378

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie E. Phillips

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	13	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Spice mill worker

11. Industry or business .....

FATHER
12. Name Cornelius Phillips
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Sporie
15. Birthplace Germany

16 (a) Informant Miss Dorothy Phillips
(b) Address 17 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md.

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St.,

19 JUN 26 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1943, at 7400 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12th 1942 to June 24th 1943 and that I last saw her alive on June 16th 1943.

Immediate cause of death	Duration
Coronary Thrombosis	.....
Due to Cardiac Vascular disease	3 yr
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
.....
of autopsy: .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. J. Faulkner M. D.
Address 10 N. Fulton Ave Date signed 6/26/43

VS 180

5723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No. G 05723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Idaho Ave.
(c) Hospital or institution:

27-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Idaho Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James C. Lee

3 (b) If veteran, name war: World War 1
3 (c) Social Security Account No. 215-09-3955

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Esther Lee
6 (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.): July 4, 1897
8. AGE: Years 45 | Months 11 | Days 21 | If less than one day: hr. min.
9. Birthplace: Chicago, Illinois (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Mrs. James C. Lee
(b) Address: 4100 Idaho Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location

18 (a) Funeral director: Ullrich Funeral Home
(b) Address: 2004-8 Orleans St.

19. JUN 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26, 1943 at 1.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to June 26 1943, and that I last saw him alive on June 26 1943.

Immediate cause of death: Carcinoma Kidney — Duration: 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: 2/26/43

Major findings of operations: Left Kidney. Carcinoma.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: JS Harding M. D.
Address: 4818 Belair R Date signed: June 26 43

VS 180

Physician: please write all causes of death clearly and legibly. Typewriter preferred.

05724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05724 Registered No.

1. PLACE OF DEATH: Baltimore Md.
(a) Baltimore City, Maryland
(b) Street address 925 N. Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 2
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Charles Chase
13. Birthplace Unknown

MOTHER
14. Maiden Name Eliza Gray
15. Birthplace Calvert Co. Md

16 (a) Informant Robert Jones
(b) Address 925 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. F. Co. Md

18 (a) Funeral director Chas W. Almack
(b) Address 927 N. Mount St

19 (a) [illegible] (b) Registrar Huntington Williams M.D.

JUN 26 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1943, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22, 1943, to June 23 1943, and that I last saw her alive on June 23 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension and Cardiac Disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Pilot M.D.

Address 1536 Eutaw St Date signed 6/25/43

05725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115c

Registered No. G 05725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 871 Washington Blvd.
(c) Hospital or institution: Doctor Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Annapolis Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Dolores Bennett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 8. 1936

8. AGE: Years	Months	Days	If less than one day
7	6	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name David H. Bennett
13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Kelly
15. Birthplace Baltimore

16 (a) Informant David H Bennett
(b) Address 2216 Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos F Kenny
(b) Address 1600 Hollins St.

19 JUN 26 1943 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24-1943, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1943 to 6-24 1943. and that I last saw h. alive on 6-24-1943.

Immediate cause of death: Acute Heart Failure — Duration

Due to: Tonsillectomy

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Y Gross M. D.
Address 826 Walker Bldg Date signed 6-25-43.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

434659

G 05726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55D

G 05726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 North Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Ralston (HENRY GOULD RALSTON)

3 (b) If veteran, name war: World War - 1

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife (use M.N. only) — Mildred Ralston

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 11-17-84

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	7	8		

9. Birthplace Md. (town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business

FATHER
12. Name Robt Ralston
13. Birthplace PA

MOTHER
14. Maiden Name Julia Gould
15. Birthplace NY

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Records (Burial, cremation, or removal) (b) Date thereof (month) 6/26/43 (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W.F. Wooden-Suc.)

19 JUN 26 1943 (Date rec'd by registrar) (c) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to June 25 1943 and that I last saw HIM alive on June 25 1943

Immediate cause of death: Cardiac Failure — Duration: instant

Due to: Coronary Occlusion — Duration: instant

Due to: Arterio Sclerosis — Duration:

Other Conditions: Papilloma ectumid of Rectal Sinuses — Duration: 45 yrs.
(Include pregnancy within 3 months of death)

Date of operation 6/22/43

Major findings of operation: Papilloma of Colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Thomas Ward Jr. M.D.
Address Johns Hopkins Hospital Date signed 6/26/43

PLEASE WRITE PLAINLY with pen and ink. Do not use pencil. Do not fold. Do not roll. Be sure to answer every question. Where none, or not applicable, write NONE. Where unknown, make as definite answer as possible. Do not leave any blanks. Be sure to give the number of the house in which the death occurred, and the full name of the hospital or institution. Be sure to give the full name of the deceased, and if a married woman, the name of her husband. Be sure to give the full name of the father of the deceased, and the maiden name of the mother. Be sure to give the correct age of the deceased. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

G 05727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

G 05727 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1146~~ Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Carroll St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Schreiber

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/8/43

8. AGE: Years | Months: 4 | Days: 18 | If less than one day: hr. min.

9. Birthplace Balt. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Schreiber
13. Birthplace Balt.

MOTHER
14. Maiden Name Ida Meekins
15. Birthplace Md.

16 (a) Informant Mother
(b) Address 746 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-43 (month) (day) (year)
(c) Cemetery or crematory Loy Hill
Location Laurel Md.

18 (a) Funeral director Lloyd Carr
(b) Address Laurel Md.

19 (a) JUN 29 1943 (Date received by registrar) Huntington Williams M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943, to June 26 1943, and that I last saw h~~er~~ alive on June 26 1943.

Immediate cause of death Circulatory failure

Due to

~~Due to~~ Malnutrition
Intestinal obstruction

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion L. Aberbach M. D.

Address Date signed

G 05728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 66B

Registered No. G 05728

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St. Baltimore Md
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Leeds Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Mackley Welch
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-26-43

8. AGE: Years	Months	Days	If less than one day
			6 hr. 30 min.

9. Birthplace Mercy Hospital Balto. Md. (town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John M. Welch
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Charlotte Camalier.
15. Birthplace St. Mary's Co. Md.

16 (a) Informant John M. Welch.
(b) Address 1238 Leeds Terrace, Balto. Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-27-43 (month) (day) (year)
(c) Cemetery or crematory St. Aloysius. Location Leonardstown, Md.

18 (a) Funeral director H. C. Mattingly & Sons
(b) Address Leonardstown, Md.

JUN 27 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1943 at 3:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1943 to 6-26 1943, and that I last saw h/her alive on 6-26 1943.

Immediate cause of death: Stopped Sty Caesa

Due to: Maternal Diabetes Mellitus

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Jaspocer M. D.
Address Mercy Hospital Date signed 6-26-43

G 05729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05729 Registered No. 478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey County
(c) City or town Jersey City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 83 Maple Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BRUNO PIETKIEWICZ

3 (b) If veteran, name war: World's War

3 (c) Social Security Account No. 215-14-8589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1900

8. AGE: Years	Months	Days	If less than one day
43	4	13	hr. min.

9. Birthplace Jersey City, N. J. (Town, county, and state)
10. Usual Occupation Water Tender
11. Industry or business Merchant Seaman

FATHER
12. Name Joseph Pietkiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Felixas Bogdon
15. Birthplace Poland

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-43 (Month) (day) (year)
(c) Cemetery or crematory Holy Rome
Location Jersey City N. J.
18 (a) Funeral director A. Perlet & Sons
(b) Address 4907 York Road, Huntington Station, Md.

JUN 27 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943 at 3:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943 to June 25 1943, and that I last saw him alive on June 25, 1943.

Immediate cause of death Metastatic carcinoma of left neck & left axillary — Duration: 4 months
Due to Carcinoma, left lung — Duration: 8 months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frederick K. Ackerell
Address Baltimore, Md. Date signed 6/26/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

MS-45805

G 05730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

Registered No. G 05730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: Sinai Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Fairfield Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Trailer camp (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Bennett

3 (b) If veteran, name war: N
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1943

8. AGE: Years	Months	Days	If less than one day
	5	7	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Delmyer Bennett
13. Birthplace	W Va
MOTHER 14. Maiden Name	Betty Vonder
15. Birthplace	W Va

16 (a) Informant Delmyer Bennett
(b) Address Fairfield Md
17 (a) Burial Sinai (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory Riverton
Location Riverton Md
18 (a) Funeral director Wilhorn & Son
(b) Address 1217 E Fayette St
JUN 27 1943 (Local Registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 11:05 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943, to June 26 1943, and that I last saw her alive on June 26 1943.

Immediate cause of death	Lymphosarcoma	Duration
Due to	Bilateral otitis media	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul G. Luckett M. D.
Address 1213 Light St. Date signed 6/26/43

VS 180

G 05731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Norfolk
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Norfolk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert M. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6405

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie Barnett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 86

8. AGE: Years 56 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Funeral Director

11. Industry or Business

FATHER 12. Name Samuel Lewis

13. Birthplace Russia

MOTHER 14. Maiden Name Jennie -

15. Birthplace Russia.

16 (a) Informant Minnie Lewis

(b) Address 2912 Norfolk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-43 (Month) (Day) (Year)

(c) Cemetery or crematory Adherent Friendship

Location

18 (a) Funeral director Jos. Lewis Inc

(b) Address 1439 E. Balto. St.

19 (a) JUN 27 1943 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1943, at 6.30 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 6/25/43.

VS 181

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05732 ✓ G 05732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 S Augusta Line
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S Augusta (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert G Jeno

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-16-9909

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Agnes E

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1889

8. AGE: Years 59 | Months 5 | Days 30 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER 12. Name Carlo Jeno
13. Birthplace Italy

MOTHER 14. Maiden Name Not Ascertainable
15. Birthplace Italy

16 (a) Informant Mrs R G Jeno
(b) Address 406 S Augusta Line

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Geo A Sperling
(b) Address Fulton & Fayette Sts

19 (a) (Date received) JUN 27 1943 (b) Registrar Washington Williams M.D.

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943 at 11.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25-1943 to 6-25 1943 and that I last saw h alive on 6-25 1943

Immediate cause of death Hypostatic pneumonia

Due to Cardiac failure

Due to Hypertrophy of heart + Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 48 hrs 30 days years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J D Arnold M.D.
Address Medical Arts Bldg Date signed 6-28-43

G 05733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G 05733 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 WILLIAM ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 WILLIAM ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET OSTERHAUS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	WIDOW

6 (b) Name of husband or wife JOHN C. OSTERHAUS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JUNE 14 1851

8. AGE: Years	Months	Days	If less than one day
92	0	9	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name FERDINAND PFISTER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARG'T MILLER
15. Birthplace FRANCE

16 (a) Informant KATHERINE NEHMSMANN
(b) Address 1501 WILLIAM ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 28. 43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A. A. Co.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. West St.

19 (a) JUN 27 1943 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 23 1943, at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943, to June 23 1943.
I last saw h[illegible] alive on June 23 1943.

Immediate cause of death	Duration
Chronic Endocarditis	1 yr.
Due to Arter. Sclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 129 Williams Date signed 6/25/43 M. D.

G 05734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05734 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd and Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1700 Park Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mrs. Frances A. Potter (Potter)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Ben Potter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 - 1871

8. AGE: Years 71 | Months 10 | Days 4 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER

12. Name James C. Turner

13. Birthplace North Carolina

MOTHER

14. Maiden Name Cornelia Rampley

15. Birthplace North Carolina

16 (a) Informant Mrs. Phelps Turner

(b) Address York Road, Parkton, Md

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 6 30 43 (month) (day) (year)

(c) Cemetery or crematory Episcopal Cem.

Location Glen Rock, Md.

18 (a) Funeral director Philip Herring & Son

(b) Address 2240 Pleasant St.

JUN 27 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 10:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to June 26 1943. and that I last saw [illegible] alive on June 26 1943

Immediate cause of death	Duration
Repeated Nasal Hemorrhages	4 days
Due to Hypertensive Cardiovascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.

Address Union Memorial Hosp. Date signed 6-26-43

VS 180

G 05735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05735 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2438 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2438 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Cecelia Norris Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Winston H. Jones

6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.) 12-24-1873

8. AGE: Years 69 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Beaufort N.C. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name James Parker
13. Birthplace Beaufort N.C.

MOTHER
14. Maiden Name Hopie Parker
15. Birthplace Beaufort. N.C.

16 (a) Informant Winston H Jones
(b) Address 2438 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem Park
Location Balto Co

18 (a) Funeral director J. Preston Lunsford
(b) Address 579 Mosher St.

19 (a) Registered JUN 27 1943 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 11.7a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943, to June 24 1943, and that I last saw h[illegible] alive on June 24 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 24 day

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N Carrollton Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05736 f.p. BALTIMORE CITY HEALTH DEPARTMENT X G 05736

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Calon Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Lydia Shehan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Thomas Shehan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1943

8. AGE: Years	Months	Days	If less than one day
100 yr			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Patrick Manion
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hyland
15. Birthplace Ireland

16 (a) Informant Col. T. F. McNicholas
(b) Address Cockeysville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Tapley & Sons
(b) Address 1827 W. North Ave

19 (a) (b)

JUN 27 1943 registrar

Hunting for Milwaukee Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943 to June 26 1943, and that I last saw h[illegible] alive on June 25 1943.

Immediate cause of death: Hypostatic pneumonia — Duration

Due to Fracture of Hip, rt. 12 years ago, Hyp. M.

Due to

Other Conditions Arteriosclerotic C-V-D
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lt. Arthur Rosberg

Address St. Agnes Hosp. Date signed 6/28/43

For 6th Copy
Attended by Howard J. Madden M.D.

G 05737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05737.

94a Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: DOA Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 N. Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Wheeler

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business

FATHER
12. Name Stephen Wheeler
13. Birthplace md

MOTHER
14. Maiden Name Georgitta Stricker
15. Birthplace Md

16 (a) Informant Joseph Wheeler
(b) Address 3440 Hudson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/43 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Edmondson & Sparrow
(b) Address 17 Chestnut Ave

JUN 27 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1943 at 12 15 M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Thrombosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 6/25/43.

VS 151

G 05738 — G 05738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4519 Keswick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriet C. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Single

6 (b) Name of husband or wife Nov 19, 1893

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49	7	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry James
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Howard
15. Birthplace Maryland

16 (a) Informant Harry James.
(b) Address 4519 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 '43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Richard F. Sonnan
(b) Address 3615 Edmondson Ave.

19 (a) Filed JUN 27 1943 (Registrar) (b) Registrar
VS 186 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1943, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to June 24 1943 and that I last saw him alive on June 24 1943

Immediate cause of death: (a) R. failure

Due to: Sub-arachnoid hemorrhage

Due to:

Other Conditions: Fracture of Surgical neck of Humerus

(Including pregnancy within three months of death)

Date of operation:

Major findings of operation:

of autopsy: Bloody Spinal Fluid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 31, 1943 at 10 A. M.
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Not specified
(e) Means of injury Fell out of bed in a Comalum

23. Signature Nurland Howard Day, M. D.

Address Union Memorial Hospital Date signed June 27 1943

For Dr. Huntington Williams
Dr. Howard F. Mallonee, M.D.

G 05739 G 05739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 876 Washington Blvd.
(c) Hospital or institution: Doctors Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 Wilkins ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nora L. Snyder.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-09-5316

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Clarence E.

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 6, 1901

8. AGE: Years 42 | Months - | Days 19 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Noah H. Altman

13. Birthplace md.

MOTHER 14. Maiden Name Ida Hanft.

15. Birthplace md

16 (a) Informant C. Clarence E. Snyder

(b) Address 1342 Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hampden

18 (a) Funeral director Theodore F. Bonaur

(b) Address 3615-17 Elerslie Ave

19 (a) [illegible] 1943 (b) [illegible] Huntington Pittsburgh Pa

JUN 29

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943, to June 25 1943; and that I last saw h alive on 19.

Immediate cause of death: Pulmonary Embolism —

Due to Hysterectomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Abdominal Adhesions Primary Carcinoma Uterus
Of autopsy

Duration: 1 day — 6-25-43

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur F. Crawford M.D.

Address 5707 Belleville Rd Date signed 6-29-43

G 05740

G 05740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jane M. Smallwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Charles County (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Hawkins
13. Birthplace St Mary's County

MOTHER
14. Maiden Name Sarah Plaudent
15. Birthplace St Mary's County

16 (a) Informant Little Sisters of the Poor
(b) Address 1211 Valley St. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Winfield
(b) Address 914 Cumberland Ave

19 (a) June 27 1943 (Date received by registrar) Hunter Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 9 p m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 4 1943, to June 25 1943, and that I last saw her alive on June 24 1943.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 6/26/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Westwood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1357 Eutaw Pl. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME David Herman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace Russia

MOTHER
14. Maiden Name [illegible]
15. Birthplace Russia

16 (a) Informant Jack Laura Inc
(b) Address 1409 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)
(c) Cemetery or crematory New Capitol Hebrew Cem.
Location Washington D.C.

18 (a) Funeral director Jack Laura Inc
(b) Address 1409 E. Balto St

JUN 27 1943 (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/43 at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/28 to 6/26 1943, and that I last saw him alive on 6/26 1943.

Immediate cause of death — Duration

Coronary Occlusion 3 hrs

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Chidecel M.D.

Address 2725 Reisterstown Rd Date signed 6/27/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05742
435909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. G 05742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything must be answered or correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 Clay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Gantt.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-92

8. AGE: Years	Months	Days	If less than one day
51	4	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isaac Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Henriette Johnson
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/43 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 JUN 28 1943 (b) Health Officer

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943. at 8.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 26 1943. and that I last saw her alive on June 26 1943.

Immediate cause of death Cardiac - respiratory failure — Duration Sudden

Due to Cerebral Accident

Due to ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/15/43

Major findings of operation: Ca of Sigmoid

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mina H. Harman
Address J.H.H. Date signed 6/27/43

G 05743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. G 05743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where there is no entry, write "None," "Unknown," or "Not applicable," as the case may be. Please give full name of deceased, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Light St
(b) Street address 1709 N. Edwards St
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N. Edwards St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted], Mrs. Estella P. Maccioches

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Alfred
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 27-1902

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	3 2	5 29		

9. Birthplace Schuylkill Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John H. Gentry
13. Birthplace Schuylkill Va.

MOTHER
14. Maiden Name Anna Norvell
15. Birthplace Schuylkill Va.

16 (a) Informant Samuel Berkley Gentry
(b) Address 2226 Maral Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-43 (month) (day) (year)
(c) Cemetery or crematory Schuylkill Va. Location Virginia

18 (a) Funeral director A. S. Marshall
(b) Address 3639 Falls Road

19 (a) JUN 28 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 4 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 26 1943 and that I last saw deceased alive on June 26 1943.

Immediate cause of death Circulatory collapse — Duration: 1 day

Due to Post-op. removal fecal fistula of small bowel

Due to Intestinal resection due to obstruction (adhesions)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-14-43 — 6-25-43

Major findings of operations: Intestinal obstruction; post-op adhesions, fecal fistula

If autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore L. Thompson M.D.
Address South Balto G.H. Date signed 6/26/43

VS 188

G 05744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

G 05744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 Loretta Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2429 Loretta Ave. (If rural give location)
(e) Citizen of foreign country? Loretta (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Frund.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	None	F	W	Wdw

6 (b) Name of husband or wife Samuel Frund
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1. 1882

8. AGE: Years	Months	Days	If less than one day
60	6	25	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name Wilhom Mead
	13. Birthplace England
MOTHER	14. Maiden Name Elizabeth Hutchinson
	15. Birthplace England

16 (a) Informant Mrs Wilhelmina Martin
(b) Address 2429 Loretta Ave
17 (a) Burial (cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory United
Location Pittsburgh Pa
18 (a) Funeral director Wilhelmina Martin
(b) 1817 E Pratt St
19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Wm. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943 at 7.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/29/43.

VS 6

G 05745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 05745 (DNA)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Copley Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ~~William C~~ Garner (Elizabeth) [ELIZABETH SUTTON GARNER]

3 (b) If veteran, name war: N

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William C

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 2/23/1922

8. AGE: Years 21 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace Cleveland, Ohio (Town, county, and state)

10. Usual Occupation home wife

11. Industry or business

FATHER
12. Name Howard C Sutton
13. Birthplace Maryland

MOTHER
14. Maiden Name Ethel Bowen
15. Birthplace Maryland

16 (a) Informant Howard C. Sutton
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director William Rogers
(b) Address 1219 St Paul St

JUN 28 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19.
and that I last saw h[illegible] alive on 6-25 1943

	Duration
Immediate cause of death: Ruptured vascular clot	
Due to: Diabetic acidosis	? 2 days
Due to: Diabetes Mellitus	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M.D.
Address Union Memorial Hosp. Date signed 6-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480 Registered No. 05746

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hudson Rd
(c) Hospital or institution: Shriner Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hudson (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances C. Huntington

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles H. Huntington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 – 1867

8. AGE: Years	Months	Days	If less than one day
75	9	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name John H. Curtis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Fookes
15. Birthplace Baltimore Md.

16 (a) Informant H. L. Curtis.
(b) Address Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 28 1943 (Date received) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 4 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 7th 1943, to June 25 1943, and that I last saw her alive on June 24 1943

Immediate cause of death	Duration
Bronchopneumonia	3 d
Uraemia	3 d
Due to Chr Interstitial Nephritis	6 mos
Due to Carcinoma Uteri	8 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2815 Harford Av Date signed 6-28-1943

G 05747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 05747

F.H. 82264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 W. McHenry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robinette Hutchins

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Robert (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 28, 1874

8. AGE: Years	Months	Days	If less than one day
68	8	28	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Schooles
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Elizabeth Atkins
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Milton Colvin Inc
(b) Address 1217 E Pratt St

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1943 at 1:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1943 to 6-26 1943 and that I last saw h[illegible] alive on 6-26 1943

Immediate cause of death: Diabetic coma
Bronchopneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Clinical

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 6-26-43

05748 T.H 82250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ G 05748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Freeman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Nialein

3 (b) If veteran, name war N
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1871

8. AGE: Years 72 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Nialein
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md

18 (a) Funeral director Gulbrandsen Funeral Home
(b) Address 1217 E Fayette St

JUN 28 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943 at 10:57 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1943 to 6-25 1943. and that I last saw h[illegible] alive on 6-25 1943.

Immediate cause of death	Duration
Uremia	?
Due to Arteriosclerosis, generalized	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Kattlin M. D.
Address Balto. City Hosp. Date signed 6-26-43

05749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 05749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Abbott Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write ILLEGAL, and give town)
(d) Street No. 1002 Abbott Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No. [illegible]

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1867

8. AGE: Years 76 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, state or foreign country)

10. Usual Occupation Farm Laborer

11. Industry or business

FATHER
12. Name Charles M Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Madeline Warner
(b) Address 1838 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhom Bros Inc
(b) Address 219 E Lexington St Baltimore, Md

19 JUN 28 1943 (Date rec'd by the Registrar) (b) Planting for Williamsburg, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 11½ M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to June 26 1943. and that I last saw him alive on June 25, 1943.

Immediate cause of death: Uremia — Duration 3 days

Due to: Arteriosclerosis, cardio-renal disease — Duration Years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno B. Sylvest M.D.
Address 2802 Harford Rd Date signed 6-27-43

VS 100

05750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓ Registered No. 6-05750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamptonett Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 E. 31st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia B. Nord

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry Nord
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2nd 1876

8. AGE: Years	Months	Days	If less than one day
67	0	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Frank Godeke
13. Birthplace Germany

MOTHER
14. Maiden name Johanna Walz
15. Birthplace "

16 (a) Informant Mrs M. Willinger
(b) Address 1901 E. 31st St

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUN 28 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1943 at 7.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25, 1943 to June 26 1943.
and that I last saw h[illegible] alive on June 25, 1943.

Immediate cause of death Uremia — Duration 5 Days
Due to Arteriosclerotic Cardio-renal disease — Duration Years
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Aylett M. D.
Address 807 Harford Rd Date signed 6-27-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

G 05751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 N. Montford ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Schwarzing

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	

6 (b) Name of husband or wife Louis Schwarzing (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1861

8. AGE: Years	Months	Days	If less than one day
82	3		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Wolff
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ada Harding
(b) Address 1312 N. Montford ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Bolton
Location Baltimore Md

18 (a) Funeral director Wilmage Cookerow
(b) Address 1217 E. Read St

19 (a) JUN 28 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 10.30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from June 24 1943, to June 26 1943, and that I last saw h[illegible] alive on June 26 1943.

Immediate cause of death Cardio vascular failure — **Duration**

Due to myocardial disease arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Malignancy Colon - performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus L Aldershall Jr M. D.
Address Mercy Hospital Date signed

VS 144

FEMALE WHITE PATIENT, WITH CANCER, should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

G 05732
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 E. 39th St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E. 39th St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** George M. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Eleanor J. [redacted] Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1866

8. AGE: Years	Months	Days	If less than one day
76	8	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Chief Freight Agent,

11. Industry or business P.R.R. - retired

FATHER
12. Name Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Rice
15. Birthplace Maryland

16 (a) Informant Mrs. Eleanor J. [redacted] Smith
(b) Address 5 E. 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell's Sons, Inc.
Address 1800 Eutaw Place

JUN 28 1943
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to 6/25 1943, and that I last saw him alive on 6/25 1943:

Immediate cause of death: cerebral arterio-sclerosis — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work?
(e) Means of injury

23. Signature C.A. Reisenweber M. D.
Address 104 W. Madison St. Date signed (Over)

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 05753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No. G 05753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) wife other side
(e) Length of stay in Baltimore (yrs., mos., or days) All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Morton Carroll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9th 1879

8. AGE: Years	Months	Days	If less than one day
64	3	18th	hr min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Charles Morton Carroll
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Eliza J. Wales
15. Birthplace

16 (a) Informant Mrs A Fillmore Mc Keady
(b) Address 432 E North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 2305 N. Howard St.

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1943 at 7.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 43 to June 26 1943 and that I last saw him alive on June 26 1943 - see over

Immediate cause of death
Heart failure

Due to Squamous Cell Carcinoma of the tongue

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: March 1943 to June 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald J. Tovey M. D.
Address 414 E North Ave Date signed

VS 3

05754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 c

Registered No. G 05754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raypoe Ave
(c) Hospital or institution: West Balt. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Berwick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. Margaret McDowell F 79427

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Robert McDowell
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1922

8. AGE: Years	Months	Days	If less than one day
21	5	19	hr. min.

9. Birthplace Johnstown Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr Robert McDowell
13. Birthplace Johnstown Pa.

MOTHER
14. Maiden Name Margaret Ellen Thomas
15. Birthplace Johnstown.

16 (a) Informant Robert J. McDowell
(b) Address 2906 Berwick Ave

17 (a) Burial (b) Date thereof July 1-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Johnstown Pa
Location Johnstown Pa.

18 (a) Funeral director Leonard J Ruck
(b) Address 4-305 Harford Road
JUN 28 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27 1943 at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1943 6/27 1943
and that I last saw h er alive on 7 50 AM 1943 6/27/43.

Immediate cause of death Post Partum Shock.

Due to) Inversion of the Uterus

Due to) Post Partum Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Borofsky M. D.
Address West Baltimore General Hospital Date signed 6/27/43

VS 150

G 05755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161a

G 05755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Penna. ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 W North ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger L. Baldwin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days: 5 | If less than one day: hr | min
9. Birthplace: Balto (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Clyde E Baldwin
13. Birthplace: West Virginia

MOTHER
14. Maiden Name: Dora Simmons
15. Birthplace: W. Virginia

16 (a) Informant: Dora Baldwin
(b) Address: 1802 W north Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location

18 (a) Funeral director: Leonard J Ruehl
(b) Address: 5305 Harford Rd

19 JUN 28 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26-1943, at 5.32 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Atelectasis, neonatorum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallen M.D.
Medical Examiner.
Date signed 6-27-43

VS 151

5756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

✓ G 05756

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 White Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Hens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Emma C Hens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1877

8. AGE: Years 66 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cutlery grinder

11. Industry or business

FATHER
12. Name Adam Hens
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Seitz
15. Birthplace Germany

16 (a) Informant Emma C Hens
(b) Address 2905 White Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville md

18 (a) Funeral director Leonard J Kusch
(b) Address 5305 Harford Road

19 JUN 28 1943 (b) Registrar Livingston Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26-43 19 , at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943 to 6-26 1943, and that I last saw h im alive on 6-26 1943.

Immediate cause of death Cardiac failure

Due to Hypertensive cardio vascular disease

Due to

Other Conditions Interdigestive Cardio vascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emma C Hens

Address Union Mills Date signed 6-28-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 05757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. C 05757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Mt Holley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) all 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Mt Holley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine S Tschudy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife George Tschudy

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 8 - 1867

8. AGE: Years 76 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business Self.

FATHER
12. Name Valentine Graf.
13. Birthplace Indiana

MOTHER
14. Maiden Name Minnie Muench
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ann McGee
(b) Address 2100 Mt Holley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave - Huntington Williams, Mgr

19 (a) (b) Registrar

JUN 28 1943

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 11:7 M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible], to June 27/43 19 , and that I last saw her alive on June 27 43.

Immediate cause of death
Cancer Breast — Duration 3 yrs

Due to

Due to

Other Conditions Metastasis to Ovaries

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation
Cancer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1 W Mt Ave Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5758

BALTIMORE CITY HEALTH DEPARTMENT

T.N 81806

CERTIFICATE OF DEATH 52B

G 05758
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month & nine days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Collington Ave (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albion Treadwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Oct 4th, 1878 - 78

8. AGE: Years 64 - 64 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation D.P.W

11. Industry or business

FATHER
12. Name Thomas Treadwell
13. Birthplace New York

MOTHER
14. Maiden Name Mary Jane ?
15. Birthplace New York

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director Martin W. G. Dippel
(b) Address 321 S. Arm St

JUN 28 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943 at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1943 to 6-25 1943 and that I last saw h i m alive on 6-25 1943

Immediate cause of death: Carcinoma of stomach

Duration

Due to:

Due to:

Other Conditions: Jaundice

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Horan

Address Bel Air, Md. Date signed 6-30-43

YB 189

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

05759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 05759
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5502 Rennert Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Albert F.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1881

8. AGE: Years	Months	Days	If less than one day
61	9	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Andrew Zuschlag
13. Birthplace Germany

MOTHER
14. Maiden Name Cecilia ?
15. Birthplace Germany

16 (a) Informant Albert F. Miller
(b) Address 5502 Rennert Ave.

17 (a) burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dyer's Sons
(b) Address Lombard & Bun Sts.

19 JUN 28 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/43 19 , at 5 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20/43 19 , to 6/27/43 19 , and that I last saw h alive on 6/27/43 19 .

Immediate cause of death — Duration

Interv. Selerotic Heart Disease

Due to

Due to

Other Conditions Diabetes Mellitus
Possible Ca of Stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Brandon M. D.
Address Franklin Sq Date signed

05760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

G 05760
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 S. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married.

6 (b) Name of husband or wife Elizabeth A. nee Griffin
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1870

8. AGE: Years	Months	Days	If less than one day
72	11	0	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name James White
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Wells
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Elizabeth White
(b) Address 234 S. Mount St.

17 (a) Burial (b) Date thereof June 28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harry H. Witzke
(b) Address 1101 Edmondson Ave.
(Director or Registrar) Huntington Williams, M.D. Registrar

JUN 28 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1941. to June 25, 1943. and that I last saw him alive on June 24, 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions Senile Dementia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Bayless M. D.
Address 1600 W. Lanvale Ave. Date signed 6/26/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

05761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

G 05761
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3171 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3171 Keswick Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Blanche Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13-1860

8. AGE: Years 83 | Months 4 | Days 12 | If less than one day: hr. min

9. Birthplace Ellicott City Maryland
(City, county, and state)

10. Usual Occupation Textile Worker

11. Industry or business Retired 5 years

MOTHER / FATHER

12. Name John Lewis

13. Birthplace Maryland

14. Maiden Name Susan Jackson

15. Birthplace Maryland

16 (a) Informant Mrs. Ellen B. Riggle

(b) Address 3171 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-1943 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

JUN 28 1943
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 158

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to June 25 1943, and that I last saw deceased alive on June 24 1943

Immediate cause of death Hypostatic Pneumonia

Due to Generalized Arteriosclerosis.

Due to Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Lillard M. D.

Address 3631 Falls Rd Date signed

G 05762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No. G 05762

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland + Regester Av
(c) Hospital or institution:
U. Balto. Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? Md (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Vivonia M. Haney

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife John R. Haney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1911

8. AGE: Years	Months	Days	If less than one day
31	9	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Bowen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Grace Aro
15. Birthplace England

16 (a) Informant John R. Haney
(b) Address 1835 W. Lexington St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Balto., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

JUN 28 1943 (Date rec'd by registrar)

(d) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1943, to June 26 1943, and that I last saw her alive on June 1943.

Immediate cause of death Cardiac Arrest

Due to Osteosclerosis of Bone, Measles - Widespread

Due to Hodgkins Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Krauleidis

Address W. Balto. Med. Date signed 6/26/43 M. D.

G 05763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

191

Registered No. G 05763

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4803 Gunther Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Schank

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gladys Shank
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) June 16 - 1897

8. AGE: Years	Months	Days	If less than one day
46		10	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Mack Shank
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Gladys Shank
(b) Address 4803 Gunther ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1943, at 7-25 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Acute Congestive Heart Failure

Due to Hypertrophy & Dilatation of Heart

Other Conditions Heat exhaustion

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Huddleson M.D.
Medical Examiner.
Date signed 6-27-43

VS 181

G 05764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ over

Registered No. G 05764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 E. Oliver St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martine Elizabeth Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George H. Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	6	10		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Gabel
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Henrietta Vickers
15. Birthplace Baltimore, Md

16 (a) Informant Mr. George H. Holmes
(b) Address 2007 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Aves.

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road.

19 (a) JUN 28 1943 (Date received by Registrar) Henrietta for Williams, M.R. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 6-26 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 26 1943 and that I last saw him alive on 6-26 1943.

Immediate cause of death Coronary occlusion — Duration 3 days.
Due to arteriosclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Gould M. D.
Address 1 E Eager Date signed 6-26-43

VS 1

G 05765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

Registered No. G 05765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bethlehem Fairfield
(c) Hospital or institution: Curtis Bay
1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline County
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 50 Maine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2610 3rd Ave Brooklyn

3 (a) FULL NAME Phillip H. Cannon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1881

8. AGE: Years	Months	Days	If less than one day
62	-	-	hr. min.

9. Birthplace Dorchester Co., Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Francis H. Cannon
13. Birthplace Md.

MOTHER
14. Maiden Name Hunter
15. Birthplace Md.

16 (a) Informant Mrs. Mary E. Cannon
(b) Address Federalsburg, Md.

17 (a) Buried (b) Date thereof July 1
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Federalsburg, Md.

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg Md

19 (a) JUN 28 1943 (b) Huntington Williamsport, Md.
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 11:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Acute congestive heart failure

Due to

Other Conditions Heat exhaustion

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Gratzer M.D.
Medical Examiner.
Date signed June 28 1943

05766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942

Registered No. 05766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. 20 Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Rehberger Jr.

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-12-3638

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maggie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9, 1872

8. AGE: Years 71 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER
12. Name Louis Rehberger Sr
13. Birthplace Germany

MOTHER
14. Maiden Name Francis Gaeng
15. Birthplace Germany

16 (a) Informant Edna A Rehberger
(b) Address 4616 Harcourt Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Welsh Funeral Home
(b) Address 2064 E. Orleans St

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1943, at 6:45 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malpas M.D.
Medical Examiner.
Date signed 6-27-43

VS 151

G 05767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 05767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Bank St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Bank St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles De. Witt Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida Butler
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Oct 16 - 1867

8. AGE: Years	Months	Days	If less than one day
75	8	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Butler
13. Birthplace Johnstown Pa

MOTHER
14. Maiden Name Sarah A Jones
15. Birthplace Baltimore

16 (a) Informant Ida Butler
(b) Address 3407 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director Ulrich Funeral Home
(b) Address 900 E. Orleans St

19 JUN 29 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to June 27 1943 and that I last saw h alive on June 25 1943.

Immediate cause of death Chronic Myocarditis — Duration ?

Due to

Due to

Other conditions Arteriosclerosis
Chronic Bronchitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Gaskell
Address 630 S. Carlton St Date signed 6/30/43

G 05768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 C

G 05768
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) City Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 Barkley St.
(If rural give location)
(e) Citizen of foreign country? Barclay (Yes or No)
If yes, name country

3 (a) FULL NAME George Peabody Spaner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lottie B. Spaner
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	14	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Sea paper canvas
11. Industry or business

FATHER
12. Name James C. Spaner
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth — ?
15. Birthplace Maryland

16 (a) Informant Mrs. Lottie B. Spaner
(b) Address 2440 Barkley St.

17 (a) Burial (b) Date thereof 6/28/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) 6/28/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 1:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1943 to June 26 1943 and that I last saw him alive on June 26 1943

Immediate cause of death

Portal cirrhosis of liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Ramsay M.D.
Address University Hosp. Date signed 6/27/43

VS 180

G 05769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 05769

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1907 N. Fulton Ave.
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT RUPPEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	none	Male	white	married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1875

8. AGE: Years	Months	Days	If less than one day
68	6	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Law Clerk
11. Industry or business U. S. A. Interior Dept.

FATHER
12. Name Adam Ruppal
13. Birthplace unknown

MOTHER
14. Maiden Name Christina Fox
15. Birthplace unknown

16 (a) Informant Mrs. Mary E. Ruppel
(b) Address 1907 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 28 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1943, to June 26 1943, and that I last saw him alive on June 26 1943.

Immediate cause of death Hypostatic Pneumonia — Duration 12 hrs
Due to Cerebral Arteriosclerosis — 1 yr.
Due to or on Arteriosclerosis — 7
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert G. Gladstone M. D.
Address 2743 Linden Av. Date signed June 27 '43

05770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480

G 05770
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Burgundy St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Burgundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH MURPHY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	3	14		

9. Birthplace St. Michaels, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jacob Fontz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Vonheiff
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John Murphy
(b) Address 1617 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) JUN 28 1943 o., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1943 to June 25 1943. and that I last saw h alive on June 25 1943.

Immediate cause of death Sarcoma of uterus & metastasis. — Duration 2 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None D.T.C. Hosp.
Major findings of operation inoperable Sarcoma of uterus
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Glasgow M.D.
Address 904 W. Belt St Date signed 6-26-43

G 05771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 05771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 5
(d) Street No. 1840 E. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISABELLE FAHLEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edmund C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1866

8. AGE: Years	Months	Days	If less than one day
76	11	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Oliver P. Myers
13. Birthplace Hartford Co., Md.

MOTHER
14. Maiden Name Eliza. Arminger
15. Birthplace Md.

16 (a) Informant Robert N. Fahlen,
(b) Address 3 W. Cooke Ave., Glenolden, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) 6/28/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to June 26 1943, and that I last saw her alive on June 25 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arterio Sclerosis	5 yrs
Due to	
Other Conditions Chronic Myocarditis Hydro-nephrosis Lt Kidney (Include pregnancy within 3 months of death)	3 yrs to present

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 6/26/43

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. G 05772

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Eldorado Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Eldorado Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARENCE DAVID BICHELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Agnes M.
6 (c) If alive, give age ~~1907~~ years

7. Birth date of deceased (mo., day, yr.) July 24, ~~1906~~

8. AGE: Years	Months	Days	If less than one day
~~40~~ 41	11	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Bethlehem Steel

FATHER
12. Name Joshua L. Bichell
13. Birthplace Md.

MOTHER
14. Maiden Name Dora Myer
15. Birthplace Md.

16 (a) Informant Mrs. Agnes M. Bichell
(b) Address 3907 Eldorado Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 6/28/43 (Date rec'd by registrar) (b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1st 1942, to June 25 1943, and that I last saw h[illegible] alive on June 25 1943.

Immediate cause of death
1) - Adeno - Carcinoma of the ~~two~~ lungs (left) — Duration 10 months?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 25 - 1943.
Major findings of operation: - Primary Carcinoma of lung.
of autopsy: - 1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 410 E. Lafayette Ave. Date signed 7/4/43

(over)

Please write plainly, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127 N Registered No. G 05773

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Fairmount

(c) Hospital or institution: Church Home & Infirmary Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2606 Roslyn ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs Maude Wilson (Maude Irene Wilson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Frank K. Wilson

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 31, 1888.

8. AGE: Years	Months	Days	If less than one day
55	1	26	hr. — min.

9. Birthplace Maryland (Tilghman) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Greenleaf Taylor

13. Birthplace Maryland (Wicomico Co.)

MOTHER

14. Maiden Name Lola Harrison

15. Birthplace Talbot County, Md.

16 (a) Informant Dr. Harry Wilson

(b) Address 3 W. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) 6/28/43 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to June 26 1943 and that I last saw her alive on June 26 1943

Immediate cause of death Coronary thrombosis — Duration 3 min.

Due to arteriosclerosis — 7 years

Due to —

Other Conditions Gall-bladder disease — 10 years

(Include pregnancy within 3 months of death)

Date of operation 6/9/43

Major findings of operation: cholecystitis

of autopsy: not obtained

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. L. Taylor Harrison M.D.

Address Church Home & Infirm. Date signed 6/28/43

VS 184

05774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 05774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 E. 25th street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

12-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E. 25th street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Adela Kent Paca

3 (b) If veteran, name war -----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan/ 2, 1873

8. AGE: Years	Months	Days	If less than one day
70	5	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John Philamon Paca 3rd.
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Keys
15. Birthplace Baltimore, Md.

16 (a) Informant Miss. Florence Marie Paca
(b) Address 217 E. 25th street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 N. Mt. Royal Ave.

JUN 28 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1943 to 6/26 1943. and that I last saw her alive on 6/26 1943

Immediate cause of death	Duration
Bronchio Pneumonia	4 days
Due to	
Due to three years an invalid with	
Other Conditions Chronic valvular heart disease	yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Charles Date signed 6/29/43

5775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 W. Fayette St. Balto
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Thurmont Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Rev. James C. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife — — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1888

8. AGE: Years	Months	Days	If less than one day
54	6	811	— hr. — min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Clergyman Priest

11. Industry or business — —

FATHER
12. Name Cornelius Murphy
13. Birthplace Milltown, Ireland

MOTHER
14. Maiden Name Rosanna Connor
15. Birthplace Milltown, Ireland

16 (a) Informant Hospital Records
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)

(c) Cemetery ~~crematory~~ New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Myers & Son
(b) Address 805 N. Calvert St.

19 (a) 6/28/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 1 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1943 to 6/26 1943 and that I last saw h/ alive on 6/26 1943

Immediate cause of death: Recurrent Subarachnoid Hemorrhage — Duration: 27 days

Due to: Arteriosclerotic C-V. Dis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L J Kane MD M. D.
Address Bon Secours Hospital Date signed 6-26-43

VS 3

G 05776

KREISEL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. G 05776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Saratoga Sts.
(c) Hospital or institution Mercy Hospital
Baltimore Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Collington Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME William A. Kreisel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 2/6/1880

8. AGE: Years	Months	Days	If less than one day
62	11	20	— hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER
12. Name Fredrick Kreisel
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Ahrenhoen
15. Birthplace Germany

16 (a) Informant Mr. F. Franklin Omose
(b) Address 819 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director A. N. Myers & Son
(b) Address 805 N. Calvert St.

19 (a) 6/28/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to June 26 1943, and that I last saw him alive on June 26 1943

Immediate cause of death Respiratory Failure

Due to Intestinal Obstruction

Due to Strangulated Hernia

Other Conditions Mitral Stenosis

(Include pregnancy within 3 months of death)

Date of operation June 26, 1943

Major findings of operation: Intestinal Obstruction

of autopsy: Not performed

Duration Minutes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand A. Lee M.D.

Address Mercy Hosp. Date signed 6/26/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G 05777

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Smith Ave.
(c) Hospital or institution: Mt. St. Agnes Convent
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Mt. Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. Smith Ave. (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Sister Mary Felix Stouter

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) 4/26/43 1856

8. AGE: Years	Months	Days	If less than one day
87	2	1	---- hr. ---- min.

9. Birthplace Emmitsburg, Md. (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business ----------

FATHER
12. Name John Stouter
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Sister Mary Ellen Marie
(b) Address Mt. St. Agnes Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. St. Agnes
Location Mt. Washington

18 (a) Funeral director H. H. Mure and Son
(b) Address 805 N. Calvert St.

19 (a) 6/28/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to June 27 1943, and that I last saw h[illegible] alive on 27 1943.

Immediate cause of death: (a) Mitral insufficiency — Duration 1 yrs.

Due to

Due to

Other Conditions Infirmities of age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Nurkin

Address 1707 Eldorado Ave. Date signed 6/28/43

VS 150

05778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

G 05778
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs. mos. or days) 7 2 10
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 755 McCabe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Eva Maye Waltjen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Frederick C. Waltjen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/7/1882

8. AGE: Years 61 | Months 6 0 | Days 3 | If less than one day hr. min. 19

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Jacob Franklin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Md.

16 (a) Informant Frederick C. Waltjen
(b) Address 755 McCabe Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave & Gay St.

18 (a) Funeral director John A. McCabe
(b) Address Jefferson Ave

19 (a) JUN 28 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1942, to 6/26 1943, and that I last saw h[illegible] alive on 6/26 1943.

Immediate cause of death: Carcinoma of descending colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/14/43

Major findings of operation: Carcinoma of descending colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. J. Waltjen
Address Md Ave Hosp. Date signed 6/28/43

for Williams, M.D.

05779

G 05779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Dillon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 / 11

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Dillon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward R. Schaefer

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 212-12-6827

4. Sex Male

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1884

8. AGE: Years 59 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Gunthers Brewery

FATHER
12. Name Richard C. Schaefer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Florence L. Osbourn
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Cordelia Kahl
(b) Address 3203 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 JUN 28 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943 to June 27 1943. and that I last saw h-- alive on June 26 1943.

Immediate cause of death
Syphylitic Cardiovascular disease
Due to aneurysmal compression of trachea & oesophagus

Duration
5-21-43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Eschenmark M. D.
Address 8425 East Ave. Date signed 6-29-43

VS 3

G 05780

05780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Sharp St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Pohlmyer, SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1879

8. AGE: Years	Months	Days	If less than one day
64	-	4	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dietrich Pohlmyer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Bertha Pohlmyer
(b) Address 2818 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory woodlawn
Location

18 (a) Funeral director George W. Little
(b) Address 3330 Edmondson Ave

19 JUN 28 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943, at 8:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/28/43.

VS 151

05781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05781
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Bond St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ajdent

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Ludwik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-1891

8. AGE: Years	Months	Days	If less than one day
52	0	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jan Magowski
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Ludwik Ajdent
(b) Address 415 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Trapp Rd.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern ave

19 JUN 28 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943, to June 25 1943, and that I last saw her alive on June 24 1943.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertensive CVD
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hosp Date signed 6-25-43

G 05782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05782

PRESS WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S. East Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Catherine E. Eigeldinger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Herman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1856

8. AGE: Years	Months	Days	If less than one day
87	3	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Harry Elgin
(b) Address 303 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

JUN 28 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 1942, to 6/25 1943, and that I last saw her alive on 6/24 1943.

Immediate cause of death Cerebral hemorrhage — Duration 7 days

Due to Carcinoma of stomach. — 6 yrs.

Due to

Other Conditions Senility, arteriosclerosis.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank L. Maniere, M.D.
Address 335 E. Eager St. Date signed 6/25/43

Maniere

G 05783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05783 Registered No.

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 S. Decker Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

1-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S. Decker Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Henry Kaufman Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Louise Erhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	4 5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman Retired
11. Industry or business

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Henry Kaufman Jr.
(b) Address 36 S. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 3638 N. Broadway

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1943, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to June 25 1943 and that I last saw him alive on June 25 1943.

Immediate cause of death Myocardial degeneration

Due to Hypertension and Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations —

of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Gould M. D.
Address 147 N. East ave Date signed 6-28-43

VS 150

05784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

G 05784
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 S.ELLWOOD AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 S.ELLWOOD AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK P.NOVAK

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213 07 5849

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ELLA NOVAK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN.10 1901

8. AGE: Years	Months	Days	If less than one day
42	6	16	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation TRACTOR DRIVER
11. Industry or business SPARROWS POINT.

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant ELLA NOVAK (WIFE)
(b) Address 1120 S.ELLWOOD AVE.

17 (a) BURIAL (b) Date thereof JUNE 29/4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT.CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S.WOLFE ST.

JUN 28 1943
(Date rec'd by registrar) Hunter for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 26 1943 9/30 AM. PM.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1943 to June 26 1943 and that I last saw him alive on June 26 1943

Immediate cause of death: Pulmono - Cardiac Failure — Duration: 2 months

Due to: Emphysema, Old Pott's Disease — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: none

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury None

23. Signature J. C. Rosenblatt M. D.
Address 3018 O'Donnell Date signed 6/27/43

05785
SM 80603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 05785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 29days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806½ Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Anna Wimmer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO.	NONE	Female	White	Widowed

6 (b) Name of husband or wife Charles D. Wimmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	20	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Heinzl
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Elizabeth Tischlar
15. Birthplace Czechoslovakia

16 (a) Informant Baltimore City Hospitals
(b) Address (RECORDS)

17 (a) BURIAL (b) Date thereof JUNE 30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 JUN 29 1943 (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1943 at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1943 to 6-26 1943, and that I last saw h[illegible] alive on 6-26 1943.

	Duration
Immediate cause of death [illegible]	7 days
Due to	
Due to	
Other Conditions Rheumatoid arthritis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 6-27-43

VS 130

05786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146c

Registered No. G 05786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5041 Oriville Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Christine Gratchic F 79091

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ELEX GRATCHIC
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 25 1918

8. AGE: Years	Months	Days	If less than one day
25	1	2	hr. min.

9. Birthplace GREENSBURG PA. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name LOUIS GORENCE
13. Birthplace PENNA.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace PENNA.

16 (a) Informant ELEX GRATCHIC (HUSBAND)
(b) Address 5041 ORIVILLE AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2/4 3 (month) (day) (year)
(c) Cemetery or crematory ST. JOSEPH
Location SCOTTDALE PENNA.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1943 to 6-27 1943.
and that I last saw her alive on 6-27 1943

Immediate cause of death: Post Partum Uterine Hemorrhage
Due to Uterine Atony
Due to Uterine Inversion.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration: over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. Marshall M. D.
Address 1213 Light St Date signed 6-27-43

VS 150

05787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1798

G 05787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Dillon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry O. Penninger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 21-1941

8. AGE: Years 2 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Penninger
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sally Gaforth
15. Birthplace North Carolina

16 (a) Informant William Penninger
(b) Address 3509 Dillon St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Salisbury N.C. ROWAN CO.
Location North Carolina

18 (a) Funeral director Lilly Zeiler Inc.
(b) Address 402 S. Walnut St

19. JUN 28 1943 (Date rec'd by local registrar) (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27- 1943, at 11 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Phenol- barbital Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-25- at C 26/9 M
(b) Where did injury occur? 3509 Dillon St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Swallowed 8-10 Tablets

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-27-43

VS 151

05788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Luzerne Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna di Angelo

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband ~~[illegible]~~ late Antonio
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th 1876

8. AGE: Years	Months	Days	If less than one day
67	2	20	hr. min.

9. Birthplace Lerino Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Primiero Cieffeo
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Salvesi
15. Birthplace Italy

16 (a) Informant Joey Del Cioppo (Daughter)
(b) Address 1030 Granby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
Address 52 N. Morley St.

19 (a) JUN 28 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 9:00 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 26 1943.

VS 161

G 05789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 44 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora F. Mills

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ford E. Mills

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 26 - 1851

8. AGE: Years 92 | Months 5 | Days | If less than one day — hr. — min.

9. Birthplace Arkansas
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Benjamin Rogers
13. Birthplace South Carolina

MOTHER
14. Maiden Name Susan Snell
15. Birthplace South Carolina

16 (a) Informant Miss Lottie E. Mills
(b) Address 44 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director T. J. Hapgood - Son
(b) Address 344 Eutaw Place

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to June 26 1943 and that I last saw h[illegible] alive on June 26 1943

Immediate cause of death Myocarditis

Due to Chronic Nephritis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Carter M. D.
Address 2145 W Baltimore Date signed

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

05790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05790 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 S. Payson St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Payson St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Alberta V. Black

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Geo. B. Black

6 (c) If alive give age — years

7. Birth date of deceased (mo., day, yr.) July 22 1866

8. AGE: Years 76 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Wm. H. Miller
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Agnes Land
15. Birthplace Baltimore Md

16 (a) Informant Mrs Gayle Hoffman
(b) Address 415 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md

18 (a) Funeral director F. B. WISBERT & SON
(b) Address 240 Eutaw Place

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/43, at 1205 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 19 43 to 6/25 19 43 and that I last saw h[illegible] alive on 6/25 1943

Immediate cause of death: Cerebral hemorrhage. — Duration 2 days

Due to Arteriosclerosis — (?)

Due to Hypertension — (?)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel E. Bogard, M. D.
Address 1905 W. Baltimore. Date signed 6/26/43

05791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

G 05791

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ?

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 631 Washington Blvd (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Cook

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-15

8. AGE: Years	Months	Days	If less than one day: hr.	min.
29	0	5		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER 12. Name John Cook

13. Birthplace Md

MOTHER 14. Maiden Name Lilly Wilkins

15. Birthplace England

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location 2900 Edmondson Ave

18 (a) Funeral director John J. Leppan & Son

(b) 1128 Hollins St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death ? Cerebellar abscess, right — Duration

Due to Chronic otitis media

Due to

Other Conditions Symptathetic (Jacksonian) Meningitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. B. Gehrmann M. D.

Address Johns Hopkins Hosp Date signed 6/5/43

VS 180

05792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Garrison ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen Christie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age	7. Birth date of deceased (mo., day, yr.)
M	W	Married	Mrs. Helena Christie	7 years	?

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Brussels (Town, county, and state)
10. Usual Occupation Confectionary store
11. Industry or business " "

FATHER
12. Name Christian Christie
13. Birthplace Brussels

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wife
(b) Address 1301 Garrison ave Balt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director H. A. Glatzer & Sons
(b) Address Westminster, Md

19 JUN 28 1943 (Date received by local registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943, to June 24 1943, and that I last saw him alive on June 24 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Coronary Thrombosis (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcus L. Adelsheimer M.D.
Address Mercy Hosp. Date signed 6/24/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05123 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Harwood Hall Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Venetta Pate

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/42

8. AGE: Years | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Harry Pate
13. Birthplace Burksville Va.

MOTHER 14. Maiden Name Viola Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) 2218 Druid Hill Ave

19 (a) JUN 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943 at 6 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 26 1943 and that I last saw ... alive on June 26 1943

Immediate cause of death Anoxia and exhaustion

Due to Sickle Cell Anemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D Jagger M. D.
Address Johns Hopkins Hospital Date signed 6-30-43

correct age is especially important. Physicians: please write the cause of death very plainly.

VS 180

05794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318 Registered No. G 05794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Hebron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25, 1876

8. AGE: Years 67 | Months 2 | Days - | If less than one day hr. min.

9. Birthplace St Mary Co (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William White
13. Birthplace Md.

MOTHER 14. Maiden Name Lucie ?
15. Birthplace Md.

16 (a) Informant Mary Ada Epps
(b) Address 1325 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JUN 28, 1943 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1943 to June 25 1943 and that I last saw him alive on June 25 1943

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Harvell M. D.
Address 6017 N. Arrowtown Ave signed 6/28/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert H. Cheek Cheek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1899

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Alexandria Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Abram Cheeks
13. Birthplace Va.

MOTHER
14. Maiden Name Florence Randall
15. Birthplace Washington D.C.

16 (a) Informant Mrs. Hattie Jett
(b) Address 1119 Post N.W. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 JUN 28 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Chronic Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 22 1943

VS 151

G 05796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadenna.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fair View Beach
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Jean Hennell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-24-42

8. AGE: Years	Months	Days	If less than one day
	10	3	hr. min.

9. Birthplace N.C.
(Town county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Wesley Hennell
13. Birthplace NC

MOTHER
14. Maiden Name Hattie Hughes
15. Birthplace NC

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md.
Location North Eastern

18 (a) Funeral director John O. Mitchell Jr. Inc.
(b) Address 1900 Eutaw Place

JUN 28 1943

(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 27 1943, and that I last saw her alive on June 27 1943.

Immediate cause of death Heart Failure — Duration 12 H/12
Due to Meningococcinia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley D. Blumenthal
Address Johns Hopkins Hospital Date signed 6/27/43

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193E

G 05797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jackson.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-03-6999
4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 3-30-1884
8. AGE: Years 59. Months 2 Days 28 26 If less than one day hr. min.
9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Waiter.
11. Industry or business

FATHER
12. Name Andrew Jackson
13. Birthplace Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Mary Jackson
(b) Address 2306 Division St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (month) (day) (year)
(c) Cemetery or crematory Lorbylus Mem Park
Location Baltimore Md
18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave
(c) (Signature of registrar) Huntington Williams, M.D. Registrar

JUN 28 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 7:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to June 26 1943
and that I last saw h[illegible] alive on June 26 1943.

Immediate cause of death Myocarditis — Duration 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H H Kirk M. D.
Address North Ave & Division June 28

White paper.

G 05798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 191

G 05798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-12

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Reese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1858

8. AGE: Years	Months	Days	If less than one day
85	2	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation XXXX

11. Industry or business

FATHER
12. Name Edward Reese
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Garrison
15. Birthplace Maryland

16 (a) Informant James D. Hull
(b) Address Lyndhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1943 (month) (day) (year)
(c) Cemetery or crematory Friends Burial Ground
Location Baltimore Md.

18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JUN 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to June 26 1943, and that I last saw her alive on June 26 1943.

Immediate cause of death Arteriosclerosis; senile dementia; heat exhaustion. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robt. B. Wright M.D.
Address Medical Arts Bldg. Date signed 6/28/43

G. 05799 ~~G. 05798~~ G. 05799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 49a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Md. Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Darlington
(c) City or town ~~Baltimore~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Bertha W. Meade ~~Meade~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	~~S~~ M

6 (b) Name of husband or wife Rev. Charles H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19 1883

8. AGE: Years	Months	Days	If less than one day
60	5	29	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name Joseph Webb
13. Birthplace Chester Co., Md.

MOTHER
14. Maiden Name Louella K Pyle
15. Birthplace Del.

16 (a) Informant Rev. C. H. Meade
(b) Address Darlington Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Darlington
Location Harford Co. Md.

18 (a) Funeral director H. S. Bailey
(b) Address Darlington Md.

19 (a) (Signature of registrar) Huntington Williams, M.D.

JUN 28 1943

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1943, at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1943, to 6-28 1943, and that I last saw her alive on 6-28 1943.

Immediate cause of death Cancer (abd.)

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Grayson M. D.
Address Md. Genl. Hosp. Date signed 6-28-43

The registrar will not change, correct or alter any certificate after it has been filed, EXCEPT WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 05800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Rodebaugh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Widower

6 (b) Name of husband or wife Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864-5-4

8. AGE: Years	Months	Days	If less than one day
78	2	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired,

11. Industry or business

FATHER
12. Name Henry Rodebaugh
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah J. Allen
15. Birthplace Germany

16 (a) Informant Christian
(b) Address 1913 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Harry H. Wiltze
(b) Address 1101 E Lanvale St

19 JUN 22 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1943. 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 June 16 1943 and that I last saw h alive on June 2 1943

Immediate cause of death

(a) Cardiac Insufficiency

Due to (b) Hypertrophy of Heart + Arteriosclerosis

Due to (c) Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration	
(a)	day
(b)	7 days
(c)	1 1 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Black M. D.
Address 1913 Edmondson Ave Date signed June 19 1943

VS 3

approved Howard J. Andrews, MD

G 05801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05801 / 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Hartford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Hartford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Manning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Gladie Manning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 19, 1895

8. AGE: Years	Months	Days	If less than one day
48	3	6	hr. min.

9. Birthplace N.C. (Town, county and state)
10. Usual Occupation Long Shoreman
11. Industry or business

FATHER
12. Name John Manning
13. Birthplace N.C.

MOTHER
14. Maiden Name Julian Bethea
15. Birthplace N.C.

16 (a) Informant Gladie Manning
(b) Address 1208 Hartford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1 [illegible] Washington Blvd Williams, Md

JUN 28 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1943 to 6/25 1943.
and that I last saw him alive on 6/24/ 1943.
Immediate cause of death Lobar Pneumonia — Duration 4
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake, M.D.
Address 1327 W. Centrat Ave Date signed 6/28/43

G 05802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Patterson Pk. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 1317 N. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Louise Watts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph Watts

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Sept - 10 - 1864

8. AGE: Years 78 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Williams Stanley
13. Birthplace Weston Md

MOTHER
14. Maiden Name Ella Louise Kiel
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Joseph Watts
(b) Address 1317 N. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 29 - 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave. Balto. Md

18 (a) Funeral director Thos. F. Kelly Sons
(b) Address 2435 E. Oliver St

JUN 28 1943 (Local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 27 - 1943 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to June 27 1943 and that I last saw him alive on June 25 1943

Immediate cause of death

Acute Cardiac failure — Duration: sudden

Due to Cardio Vascular disease — Duration: 6 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. McGuffin M.D.

Address 3470 Dasher St Date signed 6-27-43

VS 180

G 05803 VS 25610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 300a

G 05803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Millman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Sept.

6 (b) Name of husband or wife: Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1900

8. AGE: Years: 43 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: George Jones
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Octavia Johnson
15. Birthplace: Maryland

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4906 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 43 (month) (day) (year)
(c) Cemetery or crematory: Bet Calvary Cemetery
Location: Pikesville, Md.

18 (a) Funeral director: L. Hunt Funeral Home
(b) Address: 45-55 N. Eutaw St

JUN 28 1943
(Must not be filled in by registrar)

(b) Hunting for Williams Mfr.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1943, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939, to 6-26 1943, and that I last saw h~~is~~ alive on 6-24 1943.

	Duration
Immediate cause of death: Trauma	2 hrs.
Due to: Typhoid fever therapy	3 wks.
Due to:	
Other Conditions: Tobes bronchia	?

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: H. R. Rathbun M. D.
Address: Balt. City Hosp. Date signed 6-26-43

Physicians: please write the cause of death clearly and legibly. Age is especially important.

G 05804 G 05804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
Street No. 530 Landon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Serafin E. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male		Married

6 (b) Name of husband or wife Elizabeth Shaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1866

8. AGE: Years	Months	Days	If less than one day
76	8	4	hr. min.

9. Birthplace Alsace Lorraine France
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

MOTHER / FATHER
12. Name Peter Hoffman
13. Birthplace France
14. Maiden Name Elizabeth Shaver
15. Birthplace France

16 (a) Informant (Daughter) Margaret Bradford
(b) Address 530 Landon Ave

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director John I. Mitchell & Sons
(b) Address 1905 Eutaw Pl. Balt

JUN 28 1943
(Date rec'd by registrar)
(b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 7 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1925 to June 27 1943.
and that I last saw h[illegible] alive on June 27 1943.

	Duration
Immediate cause of death Respiratory failure	8 hr.
Due to Pneumonia	3 days
Due to Arteriosclerotic heart disease	20 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert F. Berry M.D.
Address Mercy Hospital Date signed 6/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Elgin Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Elgin Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Jane Barnes

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Raymond Barnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1853

8. AGE: Years 90 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Littlestown, Pa. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name David Schwartz
13. Birthplace Littlestown, Pa.

MOTHER
14. Maiden Name Sally Spangler
15. Birthplace Pa.

16 (a) Informant Mrs. Wm. B. Erskine
(b) Address 3403 Elgin Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Littlestown, Pa.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at 6.54 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1938, to 6-26 1943, and that I last saw her alive on 6-25 1943.

	Duration
Immediate cause of death: Broncho - Pneumonia	2 hr.
Due to: Arterio Sclerosis	4 yrs.
Due to:	
Other Conditions: Angina Pectoris	1 mos.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Kaplan M. D.
Address Reisterstown, Md. Date signed 6-28-43

G 05806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Abingdon
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. Lillie M. Cromwell

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-8-96

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	4	18		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Henry Cromwell
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1943 (month) (day) (year)
(c) Cemetery or crematory John Wesley
Location Abingdon, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

JUN 28 1943 Huntington Williams M.D.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1943 to June 26 1943 and that I last saw h. alive on June 26 1943.

Immediate cause of death Peritonitis — Duration

Due to Rupture of gastro ulcer by perforating ulcer? (?)

Due to (a)

Other Conditions Pneumonia

Post operatively.

(Include pregnancy within 3 months of death)

Date of operation 6-26-43

Major findings of operation: Perforating peptic ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Steven Hotel M. D.
Address Johns Hopkins Hospital Date signed 6-26-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 186

G 05807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Joppa
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Mary E. Jaworsky Jaworsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widowed

6 (b) Name of husband or wife Felix Jaworsky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1873

8. AGE: Years	Months	Days	If less than one day
70	5	21	hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Wm. Krozier
13. Birthplace Germany

MOTHER
14. Maiden Name Magdalina —
15. Birthplace Germany

16 (a) Informant Felix F. Jaworsky
(b) Address Joppa, Md.

17 (a) Burial (Burial, cremation, or Removal) (b) Date thereof June 30, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Stephen's Location Bradshaw, Md.

18 (a) Funeral director Howard R. McJoynes
(b) Address Abingdon, Md.

JUN 28 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1943 to 6-27 1943 and that I last saw h Qr alive on 6-27 1943

Immediate cause of death Cerebral Hemorrhage — Duration 14 days
Due to Arteriosclerotic C-V. Disease — ?
Due to
Other Conditions Terminal Bronchio Pneumonia — 6 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kaney M.D.
M. D.
Address Bon Secours Hosp Date signed 6-27-43

G 05808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 05808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2259 E. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2259 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Alice Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown Abt. 1878

8. AGE: Years: Abt. 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William Madden
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Martha Montague
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Alice Galzer
(b) Address: 2239 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1943 (month) (day) (year)
(c) Cemetery or crematory: London Park Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: Miller & Lamonaco
(b) Address: 1005 W. Baltimore St.

19 (a) (b) Registrar: Thurlow Williams, M.D. Registrar

JUN 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 8.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1943 to June 25, 1943 and that I last saw her alive on June 24 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Chronic Myocarditis	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Singewald, M. D.
Address 1615 E. North Ave. Date signed 6-25-43

G 05809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56D

G 05809 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard and Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 15
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Millington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Diana Ruth ~~Diaat~~ SPONHEIMER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1940

8. AGE: Years	Months	Days	If less than one day
3	2	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Alton Sponheimer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ruth Louise Galliher
15. Birthplace Pennsylvania

16 (a) Informant Mrs. George A. Sponheimer
(b) Address 430 Millington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Funeral Home
(b) Address 1005 E. Baltimore St.

19 (c) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

JUN 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1943 to 6/26 1943 and that I last saw her alive on 6/26 1943

Immediate cause of death

Brain hemorrhage

Due to at temporal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M.D.
Address University Hosp. Date signed 6/26

G 05810 G 05810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4606 Hampnett Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-V
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4606 Hampnett Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma R. Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward U. Jones
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) September 3, 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	8	23		

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Singleton M. Foggett
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Rebecca S. Owens
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Mr. Edward U. Jones
(b) Address 4606 Hampnett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29,1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 4510 Liberty Heights Ave.

19 (a) (Registrar) (b) JUN 28 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 9.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942 to June 26 1943, and that I last saw h er alive on June 23 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs

Due to

Due to

Other Conditions Tuberculosis 1 right foot — 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Novak M. D.
Address Medical Arts Bldg. Date signed June 28 '43

G 05811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05811 Registered No. 12 | a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Greenmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Eigner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife August R. Eigner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1870

8. AGE: Years	Months	Days	If less than one day
73	1	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Reiss
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schaff
15. Birthplace Germany

16 (a) Informant Mrs. Lawrence Collins
(b) Address 3706 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Ellis Lamoreaux
(b) Address 1005 W. Baltimore St.

JUN 28 1943 (Registrar) (b) Huntington Williams M.D. (Registrant)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 43, at 6.20A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 19 43 to June 27 19 43, and that I last saw her alive on June 26 19 43

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days
Due to Bronchopneumonia — 3 days
Due to Arteriosclerosis — 6 yrs
Due to Hypertension — 6 yrs
Due to Chronic Interstitial Nephritis — 6 days

Other Conditions (Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. A. Stevens
Address 2878 Harford Road Date signed 6/28/43

VS 3

G 05812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH M 3 P

G 05812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Bonner Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Bonner Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Edward Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-1969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Bessie I Mitchell

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) April 6, 1883

8. AGE: Years	Months	Days	If less than one day
60	2	21	hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Asst Janitor FRT-TRAFFIC

11. Industry or business B & O R R Co

FATHER
12. Name Edward E. Mitchell
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah I Smith
15. Birthplace Baltimore Md

16 (a) Informant Mrs Bessie I Mitchell
(b) Address 2910 Bonner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md

18 (a) Funeral director E Kelly Lamotte
(b) Address 1003 W Baltimore St

19 JUN 28 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 6 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1943 to June 27 1943 and that I last saw him alive on June 26 1943

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to arterio-sclerosis	P
Due to	
Other Conditions Myocarditis - about 1 mo.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hallas D. Tibbitt M. D.
Address 2220 Garrison Date signed June 28/43

VS 3

G 05813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a

Registered No. G 05813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2879 Philadelphia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2879 Philadelphia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara J. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Walter Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 - 1865

8. AGE: Years 77 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo. Sullivan
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Wipple
15. Birthplace Canada

16 (a) Informant Mrs. Anna Taylor
(b) Address 3002 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 29 43 (month) (day) (year)

(c) Cemetery or crematory U.S. National
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) [illegible] Registrar Huntington Williams M.D. Registrar

JUN 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to June 26 1943, and that I last saw h[illegible] alive on June 26 1943.

Immediate cause of death ARTERIOSCLEROSIS — Duration 10 YRS

Due to CEREBRAL HEMORRHAGE — Duration 2 DAYS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F. Cavanaugh M.D.

Address 3328 W. Federal St Date signed 6-28-43

G 05814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 05814

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 925 N. Fremont Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) yr

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 325 N. Fremont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Estella Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, divorced. ~~Married~~ Widowed

6 (b) Name of husband or wife James Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: (58) 58 Years | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John Smith

13. Birthplace Md.

MOTHER 14. Maiden Name Estella Smith

15. Birthplace Balto. Md.

16 (a) Informant James Brown

(b) Address 925 N. Fremont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 1 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Md.

18 (a) Funeral director Walter B. Fry

(b) Address 3911 Fremont Ave.

JUN 28 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20-1943 to 6-25-1943, and that I last saw h[illegible] alive on 6-27-1943.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James E. Carlson M. D.

Address 1016 N. Howard St. Date signed 6-28-43

VS 150

05815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 119a

G 05815

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Marys
(c) City or town Hurry (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Joseph Henry Butler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months: 3 | Days | If less than one day: hr. min.
9. Birthplace Md (Town, county and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Clayton Butler
13. Birthplace

MOTHER
14. Maiden Name Grace ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 28 1948
JOHN HOPKINS HOSPITAL Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) JUN 28 1948 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 19__
and that I last saw h alive on 19
Immediate cause of death Coma due to Diabetes Mellitus 4 yr's duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert Kaye M. D.
Address Date signed

VS 150

F0202

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 05816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

8-7

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1108 N. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Walton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/19/43
8. AGE: Years | Months | Days 1 | If less than one day: hr. min.

9. Birthplace md- (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Charles Walton
13. Birthplace md.

MOTHER 14. Maiden Name Sorena ? ?
15. Birthplace ? ?

16 (a) Informant Rennda-
(b) Address

17 (a) Burial, cremation, or removal
(b) Date thereof (month) (day) (year) JUN 28 1943
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUN 28 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June-20 1943, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June-18 1943, to June-20 1943, and that I last saw him alive on June-20 1943.

Immediate cause of death Respiratory failure — Duration 1 day

Due to Intracranial hemorrhage

Due to Erythroblastosis foetalis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Kaye
Address Johns Hopkins Hosp Date signed 6/28/43 M.D.

VS 150

0203

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 05817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES BRANCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Emily Branch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1906

8. AGE: Years 36 | Months 8 | Days 15 | If less than one day: hr min

9. Birthplace Prince Edward Co., Va. (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER
12. Name King Branch
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Emily Branch
(b) Address 315 Lewis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 JUN 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at 2 42 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ or accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 6-21-43

VR 151

05818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

Registered No. G 05818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Douglas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Lovington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race C

6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1899

8. AGE: Years 43 Months 11 Days 23 If less than one day hr. min

9. Birthplace East man, Ga. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Luke Davis
13. Birthplace Ga.

MOTHER 14. Maiden Name Anna Sampson
15. Birthplace Ga

16 (a) Informant Ethel Evans
(b) Address 907 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 8:15 A M

21. I certify that I took charge of the remains described above, held an inquested Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Dun death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to Arteriosclerotic cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed June 24 / 1943

VS 151

05819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

G 05819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) NONE
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Bevan St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Major H Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Oct 16 1908

8. AGE: Years	Months	Days	If less than one day
23	8	9	hr. min.

9. Birthplace N.C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Jessie Lawson
13. Birthplace N.C

MOTHER 14. Maiden Name Carrie Hill
15. Birthplace N.C

16 (a) Informant Jessie Mae Lawson
(b) Address 907 Bevan Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 105 W Montgomery St

JUN 29 1943

(b) [illegible] Washington Willis, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from D.O.A. 19 to D.O.A. 19, and that I last saw h alive on D.O.A. 19

Immediate cause of death: Chronic Rheumatic Endocarditis — Duration 12 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. MacDonald M. D.
Address 1213 Light St Date signed 6-26-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05820 — BALTIMORE CITY HEALTH DEPARTMENT — G 05820 Registered No.

CERTIFICATE OF DEATH

47D

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] UNREADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
Admitted 4/6/43
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 3
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2341 Madison Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB I. DENNIS

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret Lee Dennis
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) Oct. 14, 1902
8. AGE: Years 40 Months 8 Days 11 If less than one day: hr. min.
9. Birthplace West River, Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Jacob H. Dennis
13. Birthplace West River, Md.

MOTHER
14. Maiden Name Theresa Smith
15. Birthplace West River, Md.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1 & W Montgomery St

19 (a) JUN 29 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH June 25, 1943 at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6, 1943, to June 25 1943, and that I last saw him alive on June 25, 1943.

Immediate cause of death: Primary carcinoma of the left lung with Bronchogenic Metastasis — Duration: Noticed last Oct.

Due to

Due to

Other Conditions: Purulent bronchitis left lung (Include pregnancy within 3 months of death) — (Terminal)

Date of operation -

Major findings of operation: Bronchoscopy, 4/12 Pneumothorax, 4/19; Thoracotomy, 5/4

Autopsy: MMM As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- (Specify type of place) While at work?
(e) Means of injury:

23. Signature W. S. Bran
Address Baltimore, Md. Date signed 6/28/43

VS 180 — Va-12969 TC-1455

5821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1278 Registered No. G 05821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 W. Henrietta
(c) Hospital or institution: Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city, give township and write RURAL and nearest town)
(d) Street No. 115 W. Henrietta (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Fem.

5. Color or race Col

6 (a) Single, married, widowed, divorced Married

6 (b) Name of husband or wife Henry Kibble

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE Years 68 Months Days If less than one day hr. min.

9. Birthplace Va (City, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Johnson

13. Birthplace Va

MOTHER 14. Maiden Name Unknown

15. Birthplace Va

16 (a) Informant Peter Robinson

(b) Address 115 W. Henrietta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Md

18 (a) Funeral director Isaiah L Brown & Son

(b) Address 108 W Monument St

19 (a) JUN 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1943 to 6/25 1943 and that I last saw h[illegible] alive on 6/25 1943

Immediate cause of death — Duration

Due to Acute UR Bladder disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold Cone M. D.

Address 1131 Harlem Date signed 6/29/43

(over)

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

05822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

G 05822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 N. Mount St (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Gilbert

3 (b) If veteran, name war: World | 3 (c) Social Security Account No. —?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colrd	Married

6 (b) Name of husband or wife Genesta L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1895

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	11	32		

9. Birthplace Phila., Pa. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Newspaper

FATHER
12. Name George W. Gilbert
13. Birthplace Phila., Pa.

MOTHER
14. Maiden Name Harriett N. Murphy
15. Birthplace Baltimore, Md.

16 (a) Informant Genesta L. Gilbert
(b) Address 1817 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JUN 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1943 to 6/26 1943, and that I last saw him alive on 6/26 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ben R. Rutta M. D.
Address 2139 Druid Hill Ave Date signed

VS 3

G 05823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Ridgecroft Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phillip H. Brendel Sr

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Margaret Brendel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 1892

8. AGE: Years 50 | Months | Days | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Engraver

11. Industry or business: Mail Color Printing Co.

FATHER
12. Name: [illegible] Brendel
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Lewis Healy
(b) Address: 3822 Ridgecroft Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery ~~or Crematory~~: Balto
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
1217 St. Paul St.
(b) Huntington Building, Md.

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1943, at 2 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and therefrom and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage, spontaneous

Due to: Hypertensive cardio-vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert L. Graham M.D. Medical Examiner

Date signed: June 29 1943

VS 6

05824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

G 05824

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Schmidt

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb 15th 1943

8. AGE: Years | Months: 4 | Days: 13 12 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Herbert Schmidt
13. Birthplace: "

MOTHER
14. Maiden Name: Doris "
15. Birthplace: Balto. Md.

16 (a) Informant: Henry Schmidt
(b) Address: 1105 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory: Balto
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

19 (a) JUN 29 1943 (Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1943, at 10:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 19 43 to — 19 , and that I last saw h alive on June 27 19 43.

Immediate cause of death: Acute Resp. Failure

Due to: Pulmonary Edema

Due to: Brain abscess ??

Other Conditions: Acute Tonsillitis
Acute Otitis Media, Pneumonia ??
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Raymond B. Hoelzer M.D.

Address: Sinai Hospital Date signed 6/30/43

CORRECTIONS, IF ANY, MUST BE MADE BY REGISTRAR AND NOT BY PHYSICIAN OR UNDERTAKER OR FUNERAL DIRECTOR. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2716 Hampden Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Hampden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Rak

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ August Rak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12th 1877

8. AGE: Years	Months	Days	If less than one day
65	8	15	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name "
15. Birthplace Europe

16 (a) Informant August Rock
(b) Address 2716 Hampden Ave

17 (a) Burial (b) Date thereof 6/30/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JUN 29 1943 (b) Huntington Williams, M.D.
(Local Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1943 at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from — 1940 to June 27 1943, and that I last saw h~~er~~ alive on June 6 1943.

Immediate cause of death Pulmonary Edema — Duration 1 day

Due to Hypertensive arterio-sclerosis c.V.D. — years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industsial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Hightstein M.D.
Address 888 W Lanvale St Date signed June 27 1943

Please see that every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 S. Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 S. Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Herman Meyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-6994

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Lydia B. Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24th 1885

8. AGE: Years 58 | Months 5 | Days 3 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, or state)

10. Usual Occupation Proprietor
11. Industry or business Retail Grocery Business

FATHER
12. Name Herman Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Luna
15. Birthplace "

16 (a) Informant Mrs Lydia B. Meyer
(b) Address 444 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery Maryland Memorial Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JUN 29 1943 Huntington Williams M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1943, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25- 1943, to 6-27- 1943, and that I last saw him alive on 6-27- 1943.

Immediate cause of death Coronary Heart Disease-Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C Meteth M. D.
Address Date signed

Please write plainly with pen and ink. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131W

Registered No. G 05827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2648 Huntingdon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2648 Huntingdon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Estelle Wisner

3 (b) If veteran, name war —— W | 3 (c) Social Security Account No. FIFE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William H. Wisner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23rd 1853

8. AGE: Years	Months	Days	If less than one day hr.	min.
89	8	3		

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Silk

FATHER
12. Name Otho Shipley
13. Birthplace Md.

MOTHER
14. Maiden Name E. Miles
15. Birthplace "

16 (a) Informant William H. Wisner
(b) Address 2648 Huntingdon Ave

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JUN 29 1943 Huntington Williams MD
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to June 26, 1943. and that I last saw her alive on June 26 1943.

Immediate cause of death Bronchio-Pneumonia — Duration 3 days
Due to Arteriosclerotic Cardiac Vascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Weiss M. D.
Address 1927 E. North Ave Date signed June 29, 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05828

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05828

CERTIFICATE OF DEATH 95c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Riggs Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Riggs Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert C. Jones

3 (b) If veteran, name war W | 3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Laura Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21st 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	10	6		

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Hardware Manager

FATHER
12. Name Robert Jones
13. Birthplace England

MOTHER
14. Maiden Name Laura Jones
15. Birthplace England

16 (a) Informant Mrs Laura Jones
(b) Address 2814 Riggs Ave

17 (a) Burial (b) Date thereof 6/29/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
Burington for Williams, M.D.
(Date rec'd by registrar) Registrar

JUN 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1943, 7:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943 to June 27 1943
and that I last saw h~~im~~ alive on June 27 1943

Immediate cause of death Hypertrophy of Heart
Due to Arterio Sclerosis

Duration	
2 mo	
2 yrs	

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion L. Brack M.D.
Address 5062 Yellow Date signed June 29 1943

VS 186

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176a

Registered No. G 05829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Grimstad, Norway
(If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Grimstad, Norway

3 (a) FULL NAME BJARNE THYGESEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1911

8. AGE: Years 31 | Months 10 | Days 2 | If less than one day: 22 hr. min.

9. Birthplace Grimstad, Norway
(Town, county, and state)

10. Usual Occupation 2nd Cook

11. Industry or business Merchant Seaman

FATHER
12. Name Alak Thygesen
13. Birthplace Norway

MOTHER
14. Maiden Name Severine ?
15. Birthplace Norway

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 9 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore

18 (a) Funeral director William Cook Jr.
(b) Address 217 St Paul St.

JUN 29 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at 12:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22, 1943, to June 26, 1943, and that I last saw him alive on June 26, 1943.

Immediate cause of death Bilateral extensive bronchopneumonia — Duration (Terminal) About 12 days

Due to Agranulocytosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence -- at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work?
(Specify type of place)
(e) Means of injury -

23. Signature Johnson C. Rogers
Address Baltimore, Md. Date signed 6/28/43

VS 150

FS-46632

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

05830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

105

G 05830 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Winchester St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Howard C. Counselman Jr.

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 1943

8. AGE: Years 5 Months 14 Days If less than one day hr. min.

9. Birthplace Balto., Md (Town, county and state)

10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Howard C. Counselman
13. Birthplace Md.

MOTHER
14. Maiden Name Bettye Boyce
15. Birthplace Md

16 (a) Informant Mr. Howard Counselman
(b) Address 2809 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo. K Beyer Jr
(b) Address 1512 Hollins St

JUN 29 1943 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at 9 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1943 to 6/26 1943, and that I last saw h alive on — 19 —.

Immediate cause of death Pneumonia — Duration

Due to Unknown

Due to

Other Conditions Mongolian Laryngeal obstruction (Cong.) (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not yet reported

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert O. Tunney M. D.
Address Mercy Hosp Date signed 6/26/43

VS 180

6

G 05831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. G 05831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Hennessy F8252

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/18/43

8. AGE: Years	Months	Days	If less than one day
—	—	1	10 hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 28 1943

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 29 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943, at 8 15 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Prematurity

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 22 1943

VS 151

10204

05832

MJ-74982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 05832
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Cline

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1857

8. AGE: Years	Months	Days	If less than one day
86	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James P. Cline
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 28 1943
18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 29 1943 Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1943, at 5 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1943 to 6-22 1943, and that I last saw her alive on 6-12 1943.

Immediate cause of death Bronchopneumonia — Duration 4

Due to Senility — 1

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Ratten M. D.
Address Balt. City Hosp. Date signed 6-25-43

0205

05833

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

1610

G 05833

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Riverside Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Ralfes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Ralfes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Kathleen Lewis
15. Birthplace Baltimore Md

16 (a) Informant Kathleen Ralfes
(b) Address 510 Riverside Rd. Essex

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 28 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 29 1943 Hunting Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1943. at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943, to 6-18 1943, and that I last saw h.er alive on 6-18 1943.

Immediate cause of death: Asphyxia
Due to: placenta Praevia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Davis M.D.
Address University Hospital Date signed 6-20-43

VS 8

10205

G 05834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 05834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. — (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Chatham Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Barnes Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Parlie Powell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-91

8. AGE: Years	Months	Days	If less than one day
52	2	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife -

11. Industry or business

FATHER
12. Name Tom Lewis -
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Kanan
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory W. Laurel Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lockard
(b) Address 1304 N. Central Ave.

19 (a) JUN 29 1943 (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to June 26 1943 and that I last saw her alive on June 26 1943

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Hughes Jr. M. D.
Address J. H. H. Date signed 6/29/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

G 05835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Locke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Married

6 (b) Name of husband or wife Wells
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 12, 1875

8. AGE: Years	Months	Days	If less than one day
68	1	15	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stephen Barnett
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Wells Locke
(b) Address 604 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph G. Locke, Jr.
(b) Address 1364 N. Central Ave.

JUN 29 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to June 27 1943, and that I last saw her alive on June 27 1943

Immediate cause of death — Duration

Carcinoma of Cervix

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Eustis M. D.
Address 853 N. Fremont Date signed June 28

05836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 05836
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Kensington Road
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Kensington Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar Foden Lawrence

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Helene Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1875

8. AGE: Years	Months	Days	If less than one day
68	5	14 24	hr. min.

9. Birthplace St. Mary's County, Md.
(Town, county, and state)
10. Usual Occupation Ass't. Sec't'y.
11. Industry or business Mid. Continent. Petroleum

FATHER
12. Name Arthur F. Lawrence
13. Birthplace England

MOTHER
14. Maiden Name Melissa Moran
15. Birthplace Md.

16 (a) Informant Mrs. Helene K. Lawrence
(b) Address 408 Kensington Road

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Road, City

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JUN 29 1943 (b)
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June ca 1901, to June 27 1943 and that I last saw him alive on June 27 1943

Immediate cause of death
Malignant melanoma of Choroid Sept 9- 1941 Opthalmia

Duration
Sept 9, 1941
1 year?

Due to
Metastases to liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Removal of eye

Major findings of operation:
Malignant melanoma of Choroid with metastasis of liver — of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Lanteaster M. D.
Address 12 E. Eager St. Date signed

G 05837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 East Lafayette ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No. 267-09-3451

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/22/1879

8. AGE: Years	Months	Days	If less than one day
64	5	26	hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name John Hughes
13. Birthplace Texas Ala

MOTHER 14. Maiden Name Josephine Lessure
15. Birthplace Ala

16 (a) Informant Hosp Record Mercy Hosp
(b) Address Calvert St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)

(c) Cemetery or crematory
Location Tuscaloosa Ala

18 (a) Funeral director Wm. J. Tickner
(b) JUN 29 1943 Work & Ry. Aves

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 43 10 05 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed 6-28-43
Geo. Howard Lemmon, M.D.

VS 181

05838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

G 05838
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Kimble Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3321 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER EUGENE COLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Sarah L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1857

8. AGE: Years	Months	Days	If less than one day
85	6	26	hr. min.

9. Birthplace Queen Anne Co., Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John E. Cole
13. Birthplace Queen Anne Co., Md.

MOTHER
14. Maiden Name Fisher
15. Birthplace Queen Anne Co., Md.

16 (a) Informant Mrs. Louise Kriel
(b) Address 3702 Kinble Rd.

17 (a) Burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 29 1943 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to June 26 1943, and that I last saw him alive on June 26 1943.

Immediate cause of death Uremia — Duration 6 mos.

Due to Chronic nephritis — Duration 4 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John A Luntzler M. D.
Address 12 E. Eager St Date signed Jun 28/43

VS 250

Physicians: please write the causes of death clearly and legibly. Accuracy is especially important.

05839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

G 05839
Registered No.

Correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3826 Sequoia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3826 Sequoia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATIE B. MEEKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Wm. J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1877

8. AGE: Years	Months	Days	If less than one day
66	4	20	hr. min.

9. Birthplace Chambersburg, Pa.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Herman Sensney
13. Birthplace --

MOTHER
14. Maiden Name Katie Fleischauer
15. Birthplace Pa.

16 (a) Informant Miss Anna R. Meeks
(b) Address 3826 Sequoia Ave.

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUN 29 1943 (b) Huntington Williamsport Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1943, at 1^0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1940 to 6/22 1943, and that I last saw her alive on 6/22 1943.

Immediate cause of death	Duration
Myocarditis —	2 wks
Due to Malignant metastasis generalized	3 mos —
Due to Carcinoma of ovary	2 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation March 25 1943
Major findings of operations: Carcinoma of the ovary
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. L. Kidd M. D.
Address 3703 Garrison Blvd Date signed 6/28/43

05840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 a

G 05840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 Whitmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Whitmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES P. FOGARTY

3 (b) If veteran, name war --

3 (c) Social Security Account No. 705-05-2629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1869

8. AGE: Years	Months	Days	If less than one day
73	11	29	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation retired clerk
11. Industry or business

FATHER
12. Name Nicholas J. Fogarty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kehoe
15. Birthplace Ireland

16 (a) Informant Miss Mary V. Percy
(b) Address 802 Whitmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore

(b) Huntington Williams, M.D.

JUN 29 1943 (Date received by registrar)

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943 to June 27 1943 and that I last saw h[illegible] alive on June 27 1943

Immediate cause of death: Pulmonary Edema

Due to: Pulmonary congestion

Due to:

Other Conditions: Senile Colitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 day
4 days
27 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 721 Medical Arts Date signed 6/29/43

Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

05841 FAIRA 11 G 05841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 520

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Church Home & Hospital 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Jarrell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	212-09-8525	M	white	married

6 (b) Name of husband or wife Mrs. Mattie Jarrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	9	13 14		

9. Birthplace Laurel, Md (Town, county, and state)
10. Usual Occupation Maintenance foreman
11. Industry or business American Hammer & Pistol

FATHER
12. Name Jarrell, Wm. H
13. Birthplace Laurel, Md.

MOTHER
14. Maiden Name Sophie Malone
15. Birthplace Laurel, Md

16 (a) Informant Mrs. Mattie Jarrell
(b) Address 320 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Nichols Mem.
Location Balto. Md.

18 (a) Funeral director Wm. J. Dickerson & Sons
(b) Address Balto, Md

JUN 29 1943 Huntington Williams, M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1943, to June 28 1943, and that I last saw him alive on June 28 1943.

Immediate cause of death: Hypernephroma, kidney
Due to: left tumour & metastases
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: As above

Duration: 2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Hospital Date signed 6-28-43

VS 180

05842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05842
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — St Agnes Hospital
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Rolling Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Minnie Gregg. (Minnie W. Gregg)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Edw. B. Gregg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1869

8. AGE: Years 73 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Upperville, Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John J. Haines
13. Birthplace Cold Spring, Md.

MOTHER
14. Maiden Name Elizabeth Anne Small
15. Birthplace Berkeley Co., Va.

16 (a) Informant Mrs. Imogene Marston
(b) Address 2902 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 29 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 27, 1943, at 8:12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Bryan M.D.
Address St. Agnes Hosp. Date signed 6/27/43 D.

VE 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓ G 05843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3007 Baker St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Baker St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Frederick Ball

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 4, 1866

8. AGE: Years 77 | Months 2 | Days 23 | If less than one day: 13 hr. ____ min.

9. Birthplace Frederick Woodstock (Town, county, and state) Md

10. Usual Occupation Custodian of Bank Paint

11. Industry or business Bank

FATHER
12. Name Charles F. Ball
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schreier
15. Birthplace Germany

16 (a) Informant Son
(b) Address 3007 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Balto., Md.

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to June 27 1943, and that I last saw him alive on June 27 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: Sudden

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Schmidt
Address 2714 Brighton st. M. D. Date signed 6/27/43

VS 8

G 05844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 05844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene + Redwood.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. Lanvale St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME MARY AGNES FLAHERTY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72	—	—	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Home Keeping

FATHER
12. Name John Flaherty.
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Nancy Nolk.
(b) Address 711 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Mary M Wardefield
(b) Address 501 E. 22nd Sts.

JUN 29 1943 Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1943 to 6-27 1943 and that I last saw h alive on 6-26 1943.

Immediate cause of death Respiratory Failure

Due to Pneumonia? Pleural Effusion?

Due to Post-operative asphyxiation,

Other Conditions CA of Ovaries Peritonitis following ops.

(Include pregnancy within 3 months of death)

Date of operation 6/13 and 6/19/43.

Major findings of operation: Carcinoma of Sigmoid Flexure & colon

of autopsy CA of ovaries & pancreas & metastasis of sigmoid flexure

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B Symmers M.D.
Address Univ. Hospital Date signed 6/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G 05845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Dillion St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Eybs 81847

3 (b) If veteran, name war No

3 (c) Social Security Account No. 215-16-4788

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Johanna Eybs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1, 1882

8. AGE: Years 61 | Months 3 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Herman Eybs
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Ludwig
15. Birthplace Md.

16 (a) Informant Mr. Wilbert Eybs
(b) Address 3004 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Fifth German Reformed
Location Baltimore, Md.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 JUN 29 1943 Registrar Washington Williams M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 12:30 P

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 25 1943, and that I last saw h im alive on June 25 1943

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos?
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alyeis L. Hardy M. D.
Address Balto City Hosp Date signed 6/29/43

Important. Physicians: please write the causes of death clearly and legibly.

G 05846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157d

Registered No. G 05846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Kenyon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Kenyon Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RONALD JAMON HODGES (See reverse side)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Male	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1942

8. AGE: Years	Months	Days	If less than one day
	6	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward F Flynn
13. Birthplace

MOTHER
14. Maiden Name Anna Baldwin
15. Birthplace Baltimore

16 (a) Informant Mrs. Maime Hodges
(b) Address 3314 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

JUN 29 1943 (Date received by Registrar) Director for Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943. at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943. to June 27 1943. and that I last saw him alive on June 27 1943.

Immediate cause of death Pneumonia. Duration 48 hrs.
Due to Cerebral Defect Child
Due to
Other Conditions (None)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. O. Stevens
Address 3400 Eastern Ave Date signed 6/29/43

VS 3

(See other side)

This child was an illegitimate child born of unmarried mother, Mrs. Hodges a cousin of mother took baby at two weeks & had child christened in her name. Legal adoption being planned. On Birth certificate child was recorded as Baldwin

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

Phone aug 12, 1943

Congenital cerebral defficiency
Sherman

05847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 05847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Miss Mary E. Will

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19th 1878

8. AGE: Years	Months	Days	If less than one day
64	11	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

MOTHER / FATHER
12. Name Julius Will
13. Birthplace Germany
14. Maiden Name Augusta Krehmeyer
15. Birthplace Balto. Md.

16 (a) Informant Mr. John Will
(b) Address 2016 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 | 30 | 43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave. Huntington Apartments, Md.

19 (a) (This rec'd by registrar) Registrar

JUN 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1943 to June 27 1943, and that I last saw h[illegible] alive on June 26 1943.

Immediate cause of death: Circulatory failure
Myocardial degeneration — Duration: 1 day
Due to Diabetis Mellitus — Duration: four years
Due to — Duration: years
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature J. T. Rees M. D.
Address 24 S. Monroe Date signed June 28 1943

G 05848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104

G 05848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 Cumberland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 612 Cumberland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton E Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/6/42

8. AGE: Years	Months	Days	If less than one day hr.	min.
1	1	21		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Bradford
15. Birthplace Md.

16 (a) Informant Josephine Bradford
(b) Address 612 Cumberland St.

17 (a) (Burial, cremation, or removal) (b) Date thereof June 28-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Geo. B. Nelson
(b) Address 1303 Preston St.

19 (Date rec'd by registrar) JUN 29 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1943, at 5:15 A M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Interstitial pneumonia

Due to

Other Conditions Scurvy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Yeatman M.D. Medical Examiner
Date signed June 28 1943

VS 151

05849
SM 65681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312 Registered No. G 05849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years, 1 mo. 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 Etting St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Walter Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1908

8. AGE: Years	Months	Days	If less than one day
35	5	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name George Seaborn
13. Birthplace Virginia

MOTHER
14. Maiden Name Mattie Young
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Gilmores
Location Md

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Preston St

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Burlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 9.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14th. 1941 to June 26 1943.
and that I last saw her alive on June 26 1943

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 1/2 Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S Hartz M. D.
Address Balto City Hosp Date signed 6/28/43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05850 #36940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 782

Registered No. G 05850

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Lee McCutchon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-41

8. AGE: Years	Months	Days	If less than one day
2	2	7	hr. min.

9. Birthplace Fla (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Arthur McCutchon
13. Birthplace S.C

MOTHER
14. Maiden Name June Brown
15. Birthplace S.C

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) 818 Druid Hill Ave.

JUN 29 1943

19 (a) (Date rec'd by registrar) (b) Huntington Nelligan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to June 27 1943 and that I last saw h alive on June 27 19 43.

Immediate cause of death Lead Encephalitis — Duration 4 d

Due to

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius G. Troggos M.D.
Address Johns Hopkins Hospital Date signed 3-8

VS 160

05851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 05851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 Greenwillow St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Handy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jr.
13. Birthplace

MOTHER
14. Maiden Name Mary Mitchell
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Md. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 26 1943 at 735 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 26 1943, and that I last saw her alive on June 24 1943

Immediate cause of death	Duration
Congestive Heart Failure	
Due to arteriosclerotic hypertension	
Due to C.V. disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John R. Birmingham M. D.
Address J. H. H. Date signed 6-26-43

VS 180

G 05852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N. Calvert St.
(b) Street address ~~1216 E. Eutaw St.~~
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Exeter St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Valenti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	1½		hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name James N. Valenti
13. Birthplace California

MOTHER
14. Maiden Name Santa Taratore
15. Birthplace New York, N.Y.

16 (a) Informant Father
(b) Address (above)

17 (a) Burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director M. W. H. Dupuis Sons
Address 1620 W. Baltimore St.

JUN 29 1943

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 8:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943, to June 27 1943, and that I last saw h/m alive on June 27 1943

Immediate cause of death Toxemia — Duration

Due to Meningitis - Fulminating Type

Due to Meningococcemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry F. Bongiovi, M.D.
M. D.
Address Mercy Hospital Date signed June 27, 1943

VS 150

G 05853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward W. Moore Jr

3 (b) If veteran, name war: Mil.
3 (c) Social Security Account No.: Self.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife: Margie Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1897

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	11	8		

9. Birthplace Sparrows Point, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Moore
13. Birthplace Sparrows Point Md.

MOTHER
14. Maiden Name Della Pugh
15. Birthplace Middle River, Md

16 (a) Informant Della Moore
(b) Address Middle River, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Orems Farm.
Location Middle River Md.

18 (a) Funeral director Arnold Wippel
(b) Address 245 S. Hollins St.

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943 at 6:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Purulent peritonitis

Due to ruptured duodenal ulcer

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed June 26 1943

VS 151

05854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

G 05854

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur T. Frantz

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-3984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Frantz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER 12. Name Adam Frantz

13. Birthplace Kansas.

MOTHER 14. Maiden Name Emma Kieser

15. Birthplace Kansas.

16 (a) Informant Helen Frantz

(b) Address 333 S Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)

(c) Cemetery or crematory U.S. Baltimore National

Location Baltimore

18 (a) Funeral director Fred W Ozarowski

(b) Address 1990 Eutaw Place

19 JUN 29 1943 (b) Huntington for N. Strauss, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943, to June 27 1943, and that I last saw h alive on June 27 1943.

Immediate cause of death	Cardiac Resp. Failure	Duration
Due to	Pneumonia	
Due to	Cardiac Failure	
Other Conditions	Cardiac Failure Coronary Thrombosis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation: autopsy Myocardial infarction, pulm. edema, cerebral

Findings of autopsy: pulm. infarct

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond A. Strauss, M. D.

Address Sinai Hospital Date signed 6/27/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05855

436975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1190

G 05855

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C (b) County
(c) City or town Clinton (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 McCoy st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James McLamb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-4-43

8. AGE: Years | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace N. Car (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name W. H. McLamb
13. Birthplace N.C.

MOTHER
14. Maiden Name Catherine Benson
15. Birthplace N.C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 43 (month) (day) (year)
(c) Cemetery or crematory Clinton
Location South Carolina

18 (a) Funeral director John D. Mitchell Sons
(b) Address 1705 Eutaw Place

19 JUN 29 1943 (b) Registrar
(Registered in local office)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 29 1943 and that I last saw him alive on June 29 1943.

Immediate cause of death: Respiratory Failure Peripheral Collapse — Duration: 3 days
Due to
Due to Sulfanamide Hepatitis
Other Conditions otitis media, Diarrhea, Cyanosis, Fever
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley P. Reimenschneider M. D.
Address Johns Hopkins Hospital Date signed 6/29/43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104a

Registered No. G 05856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 North Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 41
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 North Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon L Stewart

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	-

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Nov. 29, 1941

8. AGE: Years	Months	Days	If less than one day
1	18	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Lawrence Roane
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Florence Stewart
15. Birthplace Baltimore, Md.

16 (a) Informant Florence Stewart
(b) Address 308 N. Mount St

17 (a) Burial (b) Date thereof June 30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Star Cem
Location

18 (a) Funeral director Wm. Kates P. Williams
(b) Address 322 W. Saratoga St

19 (a) JUN 29 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 43 at 12 10 A.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Upper respiratory tract infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Frazier M.D.
Medical Examiner.
Date signed June 27 1943

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G 05857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 05852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 Pearl St.
(c) Hospital or institution: 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 Pearl St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William Seadman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colo | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Seadman
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 10 1873

8. AGE: Years 70 | Months 1 | Days 10 | If less than one day: ____ hr. ____ min.

9. Birthplace Denton Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Cooking.

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Lula Brooks
(b) Address 1001 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie P. Williams
(b) Address 1228 Lehmans St.

19 (a) JUN 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address 2 W. Arlington

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26, 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 '43 to June 26 '43, and that I last saw him alive on June 26, 1943.

Immediate cause of death: Uremia Polycystic Kidneys — Duration: Years 3 Mos.

Due to Interstitial Nephritis — 3 Mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Gunnar M.D.

Date signed 6/29/43

VS 3

C 05858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 81398 — 30d — Registered No. C 05858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town (If outside city limits, write RURAL and give town)
(d) Street No. 1004 Tiss St (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blair Williams

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar ? 1883

8. AGE: Years	Months	Days	If less than one day
60	3	?	hr. min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Penn Williams
13. Birthplace W.Va.

MOTHER
14. Maiden Name Jennie Stewart
15. Birthplace W.Va.

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 922 E. Belvedere St

19 (a) JUN 29 1943 (Signature of Registrar) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1943, at 10 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1943, to 6-25 1943, and that I last saw h alive on 6-25 1943

Immediate cause of death: Cardiac failure — Duration: ?
Due to: Cause unknown — ?
Due to: (Very)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature N. K. Rathburn
Address Balto City Hosp Date signed 6-26-43 M. D.

G 05859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

G 05859 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Crane + Lombard St.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1830 W. Pratt St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Catherine [redacted] Rothenberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6913

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: — Rothenberger

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3-1880

8. AGE: Years 63 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sleeve maker

11. Industry or business Cloth maker

FATHER

12. Name John O'Connor [redacted]

13. Birthplace Ireland [redacted] Md.

MOTHER

14. Maiden Name May Fallagher

15. Birthplace [redacted] Ireland

16 (a) Informant Mrs Hutton

(b) Address 1219 Battery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location City

18 (a) Funeral director Roth & B. M. Watters

(b) Address Pratt & Stricker Sts.

JUN 29 1943 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1943 to 6-27 1943 and that I last saw her alive on 6-27 1943.

Immediate cause of death: Obstructive jaundice + possibly uremia

Due to: metastatic carcinoma of liver

Due to: metastasis from carcinoma of breast

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: —

Duration: 11 wks plus.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. H. Pierce, M.D.

Address University Hospital Date signed 6/27/43

VS 180

G 05860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 05860

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Elmwood Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHOEBE MARIAM HUMMEL YOUNG

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Robert Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1871

8. AGE: Years 71 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Indianapolis, Ind.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Phoenix M. Gallahue
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Nancy Kennedy
15. Birthplace Ind

16 (a) Informant Mrs. Henry Powell Hopkins
(b) Address 106 Elmwood Rd.

17 (a) Removal (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Indianapolis, Ind.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1941 Baltimore, Md.

JUN 29 1943
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1943, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to June 27 1943
and that I last saw h alive on June 27 1943

Immediate cause of death Pneumonia — Duration 3 days

Due to Malignancy? Breast — 4 years

Due to

Other Conditions arterio-sclerosis — chr. nephritis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Harper M. D.

Address 5201 Hampden Ave. Date signed 6/29/43

Please type or print plainly. Every item of information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

G 05861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. G 05861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Joseph Faro

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine Faro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
65	–	–	– hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fruit dealer
11. Industry or business

FATHER
12. Name Anton Faro
13. Birthplace Italy

MOTHER
14. Maiden Name Rachela Torres
15. Birthplace Italy

16 (a) Informant Luigi De Maeno
(b) Address 2441 E. Monument

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Paul J. Cicala Inc
Address 1546 N. Gay St
JUN 29 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 10:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on June 26 1943.

Immediate cause of death Intestinal obstruction (Ileum) — Duration

Due to Herniation through Mesentery

Due to

Other Conditions Heat exhaustion
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ileal obstruction & hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Nutter M.D.
Address 1226 Cathedral Date signed 6/28/43

The information should be carefully supplied. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

G 05862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

Registered No. G 05862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3142 Abell Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 3142 Abell Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie M. Lane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Noval H Lane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 1873

8. AGE: Years 70 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name John MacKlin
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorothy Senor
15. Birthplace Baltimore

16 (a) Informant Mrs Louis Coffin
(b) Address 3142 Abell Ave

17 (a) burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. County

18 (a) Funeral director Uelrich Funeral Home
(b) Address 204-8 Orleans St.

(Signature of Registrar) Huntington Williams M.D. Registrar

JUN 29 1943
VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 7 52 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1938, to June 27, 1943, and that I last saw her alive on June 27, 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 11 weeks
Due to Hypertension — 5 years
Due to
Other Conditions Right hemiplegia 5 years ago.
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ogden, M. D.
Address 2701 N. Calvert St. Date signed June 28, 1943

Item 1(a) is especially important. Physicians: please write the causes of death clearly and legibly.

05863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 05863
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 W. Mulberry St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Arigo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Vincent Arigo
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Rosie Cerniglia
15. Birthplace Italy

16 (a) Informant Rosalie Cerniglia
(b) Address 609 W. Mulberry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road.

18 (a) Funeral director Joseph Fanaco Inc.
(b) Address 2013 Fremont Ave

19 JUN 29 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1943 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1943 to 6-26- 1943, and that I last saw h alive on 6-26 1943

Immediate cause of death Diabetic coma —

Due to diabetic mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 days
several
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. D'Amario M.D.
Address Medical Arts Bldg Date signed 6/28/43 M. D.

VS 184

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully a

G 05864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No. G 05864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 E. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country London, England

3 (a) FULL NAME ISRAEL GREENBERG

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose Block
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1901

8. AGE: Years	Months	Days	If less than one day
42	5	5	hr. min.

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business Merchant Seaman

FATHER
12. Name Harry Greenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Annie ?
15. Birthplace Russia

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-43 (month) (day) (year)
(c) Cemetery or crematory ROEDER RUSS VEREIN
Location ROSEDALE

18 (a) Funeral director JACK LEWIS INC.
(b) Address 1439 E. Baltimore St.

JUN 29 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH June 28, 1943, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26, 1942 to June 28, 1943, and that I last saw h im alive on June 28, 1943

Immediate cause of death: Rheumatic heart disease, active — Duration: First noticed July/'42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. W. Vane Jr. M.D.
Address Baltimore, Md. Date signed 6/29/43

VS 250

FS-41695

G 05865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706

G 05865

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hospital 1565
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert M. Kaasoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-1747

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1907

8. AGE: Years 36 | Months | Days | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Accountant

11. Industry or business

FATHER
12. Name: Max Kaasoff
13. Birthplace: Russia

MOTHER
14. Maiden Name: Hilda —
15. Birthplace: Russia

16 (a) Informant: Morris Kaasoff
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-30-43 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Herring Run
Location: Bowleys Lane

18 (a) Funeral director: Cook Levin Inc
(b) Address: 1439 E. Balto. St

19 JUN 29 1943 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1943, at 10.30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Crushed Chest

Due to Pulmonary Hemorrhage

Other Conditions Multiple fracture of Pelvis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-28-43 at 6 P M.
(b) Where did injury occur? Owings Park Drive, E. of Reisterstown Road
(c) Did injury occur at home, on farm, industrial place, in public place) Public While at work? No
(d) Means of injury auto overturned

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-29-43

G 05866

AB-62035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 05866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ada Satinsky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1893

8. AGE: Years	Months	Days	If less than one day
50	6-	-	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Schmul Wolfson (D) or Sehnol Wolfson
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hebrew Rev
Location Dundalk Road

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

6-29-1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1943 at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1943 to 6-28 1943, and that I last saw h[illegible] alive on 6-28 1943.

Immediate cause of death	Duration
Carcinoma Breast	
Due to with Metastases	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B Hale M.D.
Address Balto City Hosp Date signed 6-28-43

G 05867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 05867

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Belmont Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Belmont Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen G. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph H. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/1869

8. AGE: Years	Months	Days	If less than one day
73	7	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis Bibleheiser
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ellen Morrow
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. H. Lilly
(b) Address 3034 Belmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Section S-lot 450

18 (a) Funeral director Marian A. Dailey Inc.
(b) Address 4511 Kathland Avenue

NOV 29 1943

Registrar's signature Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943, to June 27, 1943 and that I last saw her alive on June 27, 1943

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to: Myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roman A. Krupp

Address 3030 Edmondson Ave. Date signed 6/28/43

G 05868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30d

G 05868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 E. 30th St.
(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 E. 30th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARGARETHA HAHN

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John Hahn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1858

8. AGE: Years 84 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Schierlitz
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Krebs
15. Birthplace Germany

16 (a) Informant Mrs. Milton Fornoff
(b) Address 1800 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Sander & Sons
(b) Address North Eutaw & Madison Sts.

JUN 29 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 28 1943 at 8.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 1940 to JUNE 28 1943 and that I last saw HER alive on JUNE 28 1943.

Immediate cause of death ARTERIOSCLEROSIS — Duration 12 YRS

Due to CHR. INS. NEPH — 5 YRS

Due to ANEURISM OF AORTA. ABDOMINAL TUMOR MASS — 5 YRS 5 YRS

Other Conditions (None)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F Kavanagh M.D.
Address 3374 McELDERRY St. Date signed 6-29-43

VS 280

G 05869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hound & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Back St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ELISABETH ELSIE KIRCKHOFF S31289

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-03-0297

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carl W. Kirckhoff

6 (c) If alive, give age 34 yrs.

7. Birth date of deceased (mo., day, yr.) October 7, 1908

8. AGE: Years 34 Months 8 Days 21 If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Naeman
13. Birthplace Germany

MOTHER
14. Maiden Name Freida Ohme
15. Birthplace Baltimore

16 (a) Informant Earl W. Kirckhoff
(b) Address 408 Beck Ave., Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director H. Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) (Date rec'd by registrar) (b) Herrington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943 at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943 to June 28 1943 and that I last saw her alive on June 28 1943.

Immediate cause of death: Pulmonary Embolus

Due to: Pelvic Peritonitis

Due to: Porro Caesarean Section - secondary

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Placenta Praevia Abruptio Placenta, Monstrosity

of autopsy: Pelvic Peritonitis

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Md. Gen. Hosp. Date signed June 28, 1943

JUN 29 1943

(over)

G 05870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05870 / 124B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1258 Battery Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME George W. Sanford

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217-07-7734

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie Sanford
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 5/19/85

8. AGE: Years	Months	Days	If less than one day
57	1	18	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business Lodges

MOTHER FATHER
12. Name John B. Sanford
13. Birthplace Virginia
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Fannie Sanford (wife)
(b) Address 1258 Battery Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md

18 (a) Funeral director Walter Bryden Bradley
(b) Address 1911 N. Howard Ave

JUN 29 1943 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/43 19 , at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9/43 19 , to 6/27/43 19 , and that I last saw h[illegible] alive on 6/23/43 19 .

Immediate cause of death Cirrhosis of Liver — **Duration**

Due to

Due to

Other Conditions Hypertensive C.V. Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1) Cirrhosis of Liver 2) Hypertrophy of Heart, Left Ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Franklin Sq Hosp Signed

VS 1

G 05871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05871

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Mae Grayson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1900

8. AGE: Years 42 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jerry Webster
13. Birthplace Va

MOTHER 14. Maiden Name Mary Jane Webster
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert H. Young
(b) Address 804 W. Caroline St

19 (a) (Date rec'd by registrar) Hampton Williams, Registrar

JUL 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to June 27 1943, and that I last saw h alive on June 27 1943.

Immediate cause of death: Heart Failure — Duration

Due to: Hypertensive cardiovascular dis

Due to:

Other Conditions: ? pul. infarction bronchopneumonia, jaund
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Birmingham M.D.
Address J. H. H. Date signed 6-29-43

G 05872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05872
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29th 1875

8. AGE: Years	Months	Days	If less than one day
67 68	10	28	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Charles Wm Schaefer
13. Birthplace Germany

MOTHER
14. Maiden Name Susan Fogle
15. Birthplace Md

16 (a) Informant Wm Wilkinson
(b) Address 2023 E North Ave

17 (a) Burial (b) Date thereof June 30th 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltahem
Location ~~Lorraine~~ E North Ave Ext

18 (a) Funeral director Leo G. Brook
(b) Address 2201 E Baltimore Ave

JUN 29 1943
(Date rec'd by Registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1943, at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1943, to 6-27 1943, and that I last saw her alive on 6-27 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension Cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Schupick, M.D.

Address St. Jo. Hosp. Date signed 6-27-43

VS 3

G 05873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1765 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1765 N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Whiteford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1859

8. AGE: Years 84 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Elisha Christopher

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Erdman

15. Birthplace Maryland

16 (a) Informant Robert Whiteford

(b) Address 1759 N. Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Cemetery

Location 40 Homeland Avenue

18 (a) Funeral director Leo G. Loock

(b) Address 1701-03 N. Patterson Park Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/1943 at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature per Hugh B. McNally Robert Lee Graham M.D. Medical Examiner.

Date signed June 28 1943

G 05874

H35034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 05874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 86

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 W FRANKLIN (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CORA F CHAMBERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-57

8. AGE: Years 86 | Months 1 1 | Days 18 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Colin R Ferguson

13. Birthplace Md

MOTHER 14. Maiden Name Margaret Baynard

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 30 43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore, Md.

18 (a) Funeral director H. W. Meaux & Son

(b) Address 805 N. Calvert St.

JUN 29 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943, to June 29 1943, and that I last saw her alive on June 29 1943.

Immediate cause of death circulatory failure — (?) embolism. — Duration

Due to Chron. arteric sclerosis — 2 mos.

Due to Heart. of coronary occlusion — 8 wks.

Due to

Other Conditions Fracture neck of femur — 15 hrs —
Herpes Zoster ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.

(a) Accident, suicide, or homicide accident (?)

(b) Date of occurrence 6-28-43 at 1:00 P.M.

(c) Where did injury occur? Balt. (City or town) Maryland (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? J.H. Hosp. (Specify type of place) While at work? No

(e) Means of injury Fell from hosp. bed.

23. Signature Howard Mason Jr. M. D.

Address Johns Hopkins Hosp. Date signed 6/29/43

VS 150

Approved by Robert Lee Graham M.D.

05875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

Registered No. G 05875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Winston Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Worthington Brundage, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. T. W. Brundage, Jr.
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1876

8. AGE: Years	Months	Days	If less than one day
66	6	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Thomas W. Brundage, Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Meta Brogden
15. Birthplace Maryland

16 (a) Informant Mrs. Nellie T. Brundage (wife)
(b) Address 225 Winston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (month) (day) (year)
(c) Cemetery or crematory Dr. John's Cemetery
Location Baltimore

18 (a) Funeral director Stewart Mongels.
(b) Address 1 of W. Mt. Ave.

19 JUN 29 1943 (Date received by Registrar) Hamilton for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943 to June 28 1943, and that I last saw him alive on June 22 1943.

Immediate cause of death Cardio-respiratory failure — Duration 11 days

Due to Uremia

Due to Mesenteric thrombosis

Other Conditions Bronchopneumonia, bilateral

(Include pregnancy within 3 months of death)

Date of operation June 17, 1943

Major findings of operation: Mesenteric thrombosis.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Thompson, Jr. M. D.
Address 337 E. University Pkwy Date signed 6-29-43

VS 150

05876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

Registered No. C 05876

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812-E-41-St -
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812-E-41-St -
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Lewis Goldsmith

3 (b) If veteran, name war - no -

3 (c) Social Security Account No. - no -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jno. J. Goldsmith

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) June 1 1895

8. AGE: Years	Months	Days	If less than one day
48	0	27	hr. min.

9. Birthplace Phila Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business -

FATHER
12. Name Thos. R. Morton
13. Birthplace N. C.

MOTHER
14. Maiden Name Attaway Lewis
15. Birthplace Virginia

16 (a) Informant Mr J. Goldsmith Husband
(b) Address 812-E-41-St. -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart Memorial Co.
(b) Address 1080 W. North Ave.

JUN 29 1943

19 (a) Thurlow Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943 at 12.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to June 28 1943.
and that I last saw him alive on June 28 1943

Immediate cause of death: Pulmonary Embolism — Duration 1 hr

Due to: Pneumonia — 2 days

Due to: R T L Lungs

Other Conditions -

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation: -

of autopsy: -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury -

23. Signature R. T. Lungren. M. D.
Address 1080 Wilkens Ave signed 6-29-43

G 05877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05877 /130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Penhurst ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Penhurst ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank · Donald Houck.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-0765

4. Sex: Male.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1921

8. AGE: Years 21. Months 10 Days 7. If less than one day 13 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Messenger Elevator Boy

11. Industry or business

FATHER
12. Name Frank. Gardner Houck.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annette E. Platt
15. Birthplace Baltimore Md.

16 (a) Informant Frank Gardner Houck.
(b) Address 4008 Penhurst Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 1 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1600 W. North Ave
JUN 29 1943 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943. at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1943. to June 28 1943. and that I last saw him alive on June 27 1943.

Immediate cause of death: Nephritis, Acute
Uraemia

Duration: 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Hoffman, M. D.
Address 8 East Read St Date signed 6/29/43.

VS 8

G 05878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 39 C

G 05878
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood
(c) Hospital or institution: University Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Rural - Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. One Spot
(If rural give location)
(e) Citizen of foreign country? No (Year of N...)
If yes, name country

3 (a) FULL NAME Samuel Galliday

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Robert L Galliday
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Baily
15. Birthplace Va.

16 (a) Informant Savannah Grim
(b) Address One Spot, Elkridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Thanksburg Va.

18 (a) Funeral director Frederick A. Cole
Address 1400 W. Lombard St.
JUN 29 1943
(Date rec'd by registrar) Huntington Williams, Reg.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 5:37 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1943 to 6/27 1943, and that I last saw him alive on 6/27 1943.

Immediate cause of death Heart failure — Duration

Due to Rocky Mt. Spotted Fever — Duration

Due to tick bite — Duration

Other Conditions Typhoid Hepatitis Syphilis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Pierce, M. D.
Address University Hospital Date signed 6/27/43
M. D.

G 05879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 145

G 05879
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 McHenry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Eva Johnson F 7815

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Andrew D. Johnson
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 9 1906

8. AGE: Years	Months	Days	If less than one day
37	3	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Charles Weinrich
13. Birthplace unknown

MOTHER
14. Maiden Name Gertrude Braunrich
15. Birthplace Washington, D.C.

16 (a) Informant Andrew D. Johnson
(b) Address 1322 McHenry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick J. Cole
(b) Address 1900 W. Lombard St

19 (a) Filed Thurston Williams, M.D. (Local registrar)
JUN 29 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 1109 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 27 1943 and that I last saw her alive on June 27 1943

Immediate cause of death	Duration
Respiratory Failure	
Due to Spinal anaesthesia	
Due to	
Other Conditions Pregnancy. Ventral Hernia. Amputation of Cervix (Include pregnancy within 3 months of death)	
Date of operation June 27, 1943	
Major findings of operation:	
of autopsy:	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Alan H. Hoyne, M.D.
Address University Hospital Date signed 6/27

G 05880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05880 Registered No. 490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2523 Hamilton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Barbara May Freeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Charles C Freeland 6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) 9-17-1880

8. AGE: Years	Months	Days	If less than one day
62	9	10	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name F. Aquilla Barkman
13. Birthplace Maryland

MOTHER
14. Maiden Name M. Amanda Fisher
15. Birthplace Maryland

16 (a) Informant Charles C. Freeland
(b) Address 2523 Hamilton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor avenue

18 (a) Funeral director Leonard J. Rucker
(b) Address 5207 Harford Road

(a) Registrar (b) Huntington Williams, MD

JUN 29 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to June 27 1943 and that I last saw h alive on 6-26 1943

Immediate cause of death Carcinoma Ovary — Duration 6 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-16-43

Major findings of operation: Generalized Metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4503 Harford Rd Date signed 6-29-43

Please write in especially important. Physicians: please write the causes of death clearly and legibly.

G 05881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05881
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Littlestown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie B. Grieves

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21-1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
72 69	11	8		

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jerome Grieves.
13. Birthplace Pa

MOTHER
14. Maiden Name Barbara E Reed
15. Birthplace Pa.

16 (a) Informant Hosp Records
(b) Address

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof July 2-43 (month) (day) (year)
(c) Cemetery or crematory Evergreen Hill Cem
Location York Pa.

18 (a) Funeral director Wm Cook Jne.
(b) Address R11 at Penna ave.

JUN 29 1943 Huntington Williamsport Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 8 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 29 1943, and that I last saw her alive on June 29 19 43

Immediate cause of death: Respiratory Failure — Duration: days

Due to: Carcinoma of Breast

Due to: Metastasis from Breast

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/18/43

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A H Gray

Address Mercy Hosp. Date signed 6/29 M. D.

VS 180

G 05882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 F

G 05882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Labyrinth Rd
(c) ~~Hospital or institution~~: apt 2 A
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Labyrinth Rd-apt 2A (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Anna Susskind
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~ widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: William Susskind
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 18th 1875
8. AGE: Years 68 | Months 2 | Days 11 | If less than one day: hr. min.
9. Birthplace: Austria (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Samuel Bloom
13. Birthplace: Austria

MOTHER
14. Maiden Name: Gertrude Klystein
15. Birthplace: Austria

16 (a) Informant: Mrs Elsie G. Shackman
(b) Address: 3605 Labyrinth Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory: Port Richmond
Location: Staten Island N. Y.

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St. Paul st

JUN 29 1943 (Registrar)

VS 150

Huntington-Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 4.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23/43 19__ to 6/29 19 43 and that I last saw h e Ralive on 6/28 19 43

Immediate cause of death: carcinoma of gall bladder — Duration: 8 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard A Atherton M. D.
Address: 67 W Eutaw Date signed 6/29/43

G 05883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 05883 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 Druid Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1867

8. AGE: Years 76 | Months 23 | Days 10 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Michael Bowell
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Julia Dyson
15. Birthplace Howard Co. Md.

16 (a) Informant E. Frank Shipley
(b) Address 104-05 35th Ave Corona, L.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lucy V. Holland
(b) Address 1621 Druid Hill Ave.

JUN 29 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27- 1943, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943 to 6-27 1943, and that I last saw her alive on 6-27 1943.

Immediate cause of death Cardio-Vascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Settle M. D.
Address 2033 Druid Hill Ave Date signed 6/29/43

VS 150

05834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

467

G 05884
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2516 Shirley ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hans Bernstein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lena.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation
11. Industry or business Conf. store

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown.
15. Birthplace Russia

16 (a) Informant Harry Bornstein
(b) Address 2516 Shirley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/43 (month) (day) (year)
(c) Cemetery or crematory Helm Roadale
Location Hamilton ave

18 (a) Funeral director Sol Levy[illegible] & Bro
6 30 1943 24-26 W. North ave
(Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 10:32 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to June 30 1943, and that I last saw h[illegible] alive on June 30 1943.

Immediate cause of death	Duration
a. Pulmonary Embolism	
Due to Post-Op Resection of Rectum	9 days
Due to Carcinoma of Rectum	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of Rectum
Of autopsy /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Goodman M. D.
Address Franklin Sq Hosp Date signed

VS 3

05885

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05885

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 7 months
(e) Length of stay in Baltimore (yrs., mos., or days) over 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere Ave & Greenspring (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Sacks

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1860

8. AGE: Years 83 | Months | Days | If less than one day: hr min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Bernard Wolf Sachs
13. Birthplace Russia

MOTHER
14. Maiden Name Dorothy White Heiner
15. Birthplace Russia

16 (a) Informant Sigmund Feinblatt
(b) Address Levindale Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cemetery
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUN 30 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to June 28 1943, and that I last saw h[illegible] alive on June 28 1943.

Immediate cause of death Arteriosclerosis
Hypertension
Chr. Card vascular disease

Duration 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Kahn, M.D.
Address Levindale Date signed 6/28/43

5886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 05886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gerald Allen Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 43

8. AGE: Years — Months — Days 3 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Charles Kirby

13. Birthplace Md

MOTHER 14. Maiden Name Shirley

15. Birthplace Md

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUN 28 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 29 1943 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943, to June 24 1943, and that I last saw him alive on June 24 43 at 1:25 PM

Immediate cause of death: Prematurity — Duration: 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Jompkins M. D.

Address 1417 Eutaw Pl. Date signed 6/24/43

VS 150

I 0210

05887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

G 05887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Guilford Ave. City (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Henry Robert Couture

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 215-09-1194

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mrs. Gilbert E. Couture

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 7 - 1900

8. AGE: Years 42 | Months 6 | Days 27 | If less than one day: hr. min.

9. Birthplace New Hampshire (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER
12. Name Frank Couture
13. Birthplace Canada

MOTHER
14. Maiden Name MELINDE PARIS
15. Birthplace Canada

16 (a) Informant Hospital Records;
(b) Address Union Memorial Hosp. Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) X X X X
(c) Cemetery or crematory
Location NASHUA, NEW HAMPSHIRE

18 (a) Funeral director CHAS. P. EVANS & SON
(b) Address 118 W. Mt Royal Ave

JUN 30 1943

(Registered by local registrar) Huntington Williams Memorial

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943, to June 29 1943, and that I last saw him alive on June 29 1943.

Immediate cause of death Peritonitis — Duration 2 days

Due to Perforated ulcer

Due to Unknown cause

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 28, 1943

Major findings of operation: Abdominal abscess, perforated ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. A. Marbut Jr. M.D.

Address Union Memorial Hosp. Date signed 6-29-43

05888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161 N

Registered No. G-05888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400- N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5216 Glen Oak (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Metzger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-43

8. AGE: Years | Months | Days | If less than one day: 1/2 hr. min.

9. Birthplace M. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George C. Metzger
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hilda May Foster
15. Birthplace Providence, Rhode Island

16 (a) Informant Mrs. H. M. Metzger
(b) Address 5216 Glen Oak

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30th 1943 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Leach
(b) Address 201-03 N. Patterson Park Ave.

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

JUN 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/43 19 , at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1943 to 6-29 1943, and that I last saw him alive on 6-29 1943.

Immediate cause of death: Diphtheria — Duration

Due to Prolapsed cord.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. P. Williams M. D.
Address St Joseph's Hosp. Date signed 6/29/43

VS 3

5889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 Parrish St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 Parrish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milford Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-9061

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Savage

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 14, 1916

8. AGE: Years 26 Months 9 Days 15 If less than one day / hr. min.

9. Birthplace Accomac Co. Va
(Town, county and state)

10. Usual Occupation Stevedore.

11. Industry or business

FATHER
12. Name Poulson Savage
13. Birthplace Accomack Co. Va

MOTHER
14. Maiden Name Virgie Savage
15. Birthplace Accomack Co. Va

16 (a) Informant Mary Savage
(b) Address 826 Parrish St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Metompkin
Location Metompkin, Va

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac Va

JUN 30 1943 (Date rec'd by registrar) (b) Huntington Williamsburg, Va Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 7:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 29 1943 and that I last saw him alive on June 29 1943.

I hereby certify that the cause of death

	Duration
Acute Endocarditis	10 days
Due to Cardio Vascular disease	6 mo
Due to Valvular Heart Lesion	

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Burgess

Address 622 N. Arlington Date signed 6/30/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

05890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

G 05890
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JUNIUS DEBRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Alice R Debro

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 33 | Months | Days | If less than one day: hr min

9. Birthplace Norfolk, Va (Town, County, and state)

10. Usual Occupation Laborer

11. Industry or business Sparrows Pt shipyard

FATHER
12. Name Junius Debro
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Alice R. Debro
(b) Address 218 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)

(c) Cemetery or crematory
Location Norfolk, Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brandt Ave

19 (a) (b) Huntington Ave

(Date rec'd by registrar) Registrar

JUN 30 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 1 55 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractures, compound, pelvis and right tibia & femur
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-29-43 at 1 55 P. M.
(b) Where did injury occur? Bethlehem Shipyard Sparrows Pt
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? Yes
(d) Means of injury crushed on scrap pile by crane moving metal

23. Signature M. J. Wollenweber M.D. Medical Examiner.
Date signed 6-29-43

5891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 05891 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	W

6 (b) Name of husband or wife Henry Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8/1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	10	19		

9. Birthplace St. Marys Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Phillip Harris
13. Birthplace md

MOTHER
14. Maiden Name Matilda Simms
15. Birthplace md

16 (a) Informant Gladys Harris
(b) Address 1602 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2nd 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley

19 (a) JUN 30 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 2.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1943 to June 27 1943 and that I last saw h[illegible] alive on June 26 1943.

Immediate cause of death

Due to Chronic Interstitial Nephritis

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: June 19 43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. L. Allen M.D.
Address 121 Aisquith St Date signed June 28 43

VS 150

Contract age at any specially important occupations. If unknown, please write the words "not known." Write plainly and legibly.

05892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 05892
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Ailsa ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Ailsa, Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Momberger

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	None	F.	W.	Widowed

6 (b) Name of husband or wife John L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1873

8. AGE: Years 69 | Months 7 | Days 2 | If less than one day: hr min

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home.

FATHER
12. Name Robert Trimmer
13. Birthplace Virginia

MOTHER
14. Maiden Name Ada Richardson
15. Birthplace Virginia

16 (a) Informant Mrs. John Sanders
(b) Address 2900 Ailsa ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director H. W. E. Dorsey & Sons
(b) Address 6 W. Saratoga St.

19 (d) JUN 30 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 8 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943 to June 27 1943 and that I last saw her alive on June 27 1943.

Immediate cause of death
Hypostatic pneumonia
Due to Cardio vascular
Due to Disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ned Momberger M.D.
Address 608 N Gaithers Road Date signed JUN 30 1943

VS 150

5893 (3)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

G 05893
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Mannasota ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Mannasota ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma V Brookhart

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William C

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug. 3 1887

8. AGE: Years 55 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name William Hoehn
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Litschkle
15. Birthplace Germany

16 (a) Informant William C. Brookhart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baker & Rd.

18 (a) Funeral director M. W. K. Dyer & Sons
(b) Address 1 am bard & Ann St.

JUN 30 1943
(Date rec'd by registrar)

(Huntington Williams, M.D.)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943 at 6 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1932 to June 28 1943.
and that I last saw h[illegible] alive on June 28 1943.

Immediate cause of death Uraemic Coma.
Duration 1 day.

Due to Diabetes Mellitus

Due to Hypertension

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mildred Brookhart

Address 4707 Belair Rd Date signed 6/30/43

VS 150

05894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 153

G 05894
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) [redacted] (If not in city, give length of residence in city before illness began)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Leonardtown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Milburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1928

8. AGE: Years	Months	Days	If less than one day
15	5	4	hr. min

9. Birthplace Headley's Neck, Maryland (Town, county and state)

10. Usual Occupation student

11. Industry or business

MOTHER / FATHER

12. Name James Milburn

13. Birthplace Unknown

14. Maiden Name Beatrice Haland

15. Birthplace Unknown

16 (a) Informant W. B. Mattingley

(b) Address Leonardtown Rte

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (month) (day) (year)

(c) Cemetery or crematory Lady Chapel

Location Leonardtown, Md

18 (a) Funeral director W. B. Mattingley

(b) Address Leonardtown, Md.

JUN 30 1943 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943, to June 28 1943, and that I last saw her alive on June 26 1943

Immediate cause of death Cachexia & Severe Topenea — Duration 2 mos.

Due to Pemphigus Vulgaris Vegetans — Duration 6½ mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Brennan M. D.

Address Date signed

VS 180

Certificate of death must be filled out completely and typewritten. Physician must write the cause of death clearly, using only standard terminology.

5895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ G 05895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5007-Walther Boulv.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007-Walther Boulv. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Rose Blanche Schomm

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Schomm
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1/26/1874

8. AGE: Years 69 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George R. Leach
13. Birthplace Maryland.

MOTHER
14. Maiden Name Martha A. (Schields)
15. Birthplace Maryland.

16 (a) Informant Mrs. Esther Geisler
(b) Address 1604-E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Rose St

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1300 Harford Ave.

19 (a) JUN 30 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1943, at 10.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1943 to June 27, 1943, and that I last saw her alive on June 26 1943.

Immediate cause of death: Myocarditis (Chronic) — Duration 3 years
Due to Arteriosclerosis — ?
Due to
Other Conditions Bronchial Asth. — ?
Mo.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Lessans M. D.
Address 514 Druid Park Drive Date signed 6/29/43

VS 150

05896

AB-81243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 05896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo.29da.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 S. Evan Chapel Lane (If rural give location) 4015
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Embly

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-6232

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11-1885

8. AGE: Years 57 Months 6 Days 17/16 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Gas Electric Co-Pole Yard-

11. Industry or business Benton Lewis St.

FATHER
12. Name George F. Embly
13. Birthplace Pa.

MOTHER
14. Maiden Name Susanna Honette
15. Birthplace Holland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 / 43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chadowell & Sons
(b) Address 2615-17 Gwynn Oak Ave. Huntington Terrace, Md.

19 (a) JUN 30 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1943 at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1943 to 6-27 1943 and that I last saw h[illegible] alive on 6-27 1943

	Duration
Immediate cause of death: Empyema Rt	2 Days
Due to: Pneumonia	"
Due to: Cardiac Failure (Mit)	2 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5-28-43
Major findings of operation: Empyema
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Stelle
Address Balt City Hosp Date signed 6-30-43

VS 180

05897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓

Registered No. C 05897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2878 Harford Rd.
(c) Hospital or institution:

4 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2876 Harford Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustav B. Wolf

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna L Wolf
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) May 10 - 1887

8. AGE: Years	Months	Days	If less than one day
56	1	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation asst Engineman
11. Industry or business Balto Fire Dept

FATHER
12. Name Ernst Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Miller
15. Birthplace Germany

16 (a) Informant Anna L. Wolf (wife)
(b) Address 2876 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mr. & Mrs. John W. Teufel & Son
(b) Address 801 N. Fayette St
JUN 30 1943

19 (a) (Date rec'd by registrar) (b) Hunting Ave Millington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 8 15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1941 to June 28 1943 and that I last saw h see alive on June 27 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	3 Min
Due to Arterio Sclerosis	2 yr
Hypertention	2 yr
Due to Chronic Interstitial Nephritis	2 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens
Address 2878 Harford Rd Date signed June 28 1943
Approved by Robert Lee Graham M.D.

VS 280

5898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 05898
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1746 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Montpelier
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel E. Johnson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George P. Johnson
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 25. 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	6	3		

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James Kemp
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Higgins
15. Birthplace Md.

16 (a) Informant George P. Johnson
(b) Address 1723 Montpelier St

17 (a) Burial (b) Date thereof July 1. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mrs. Nellie John W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) JUN 30 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 8:13 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 28 1943.
and that I last saw her alive on June 27 1943

Immediate cause of death Hypertension Cardiac
Due to Vascular Renal

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration
3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. J. Kinnear, M. D.
Address 2700 Harford Road Date signed 6/29/43

VS 150

5899 MJ-64938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 05899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs., 2 mos., 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 11 Milliman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy DeSantos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1883

8. AGE: Years	Months	Days	If less than one day
60 ?	?	?	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Palmer
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1612 E. Preston St

19 (a) (Date rec'd by registrar) JUN 30 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1943 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1941 to 6-28 1943 and that I last saw h[illegible] alive on 6-28 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Hypertension & C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Ratchum M. D.
Address Balto. City Hosp. Date signed 6-29-43

VS 150

05900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 05900
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4602 York Road
(If rural give location)
(e) Citizen of foreign country? XX No (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST HARRY HEINZ

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rae Heins
6 (c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.) 9/28/1888
8. AGE: Years 54 | Months 9 | Days 0 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chief Clerk, Md. Club
11. Industry or business Md. Club

FATHER
12. Name Henry Heins
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director Philip Stewart Sons
(b) Address 2024 Orleans St
19 (a) JUN 30 1943 (Date received by Registrar) (b) Filed for Williams H.R. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1943, at 3:05 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1943 to June 29, 1943, and that I last saw him alive on June 29, 1943.

Immediate cause of death: Lobar pneumonia — Duration: 2 days
Due to: Cerebral accident — 6 days
Due to: Hypertensive cardiovascular disease — Unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Ruth Bundenbaugh
Address Baltimore, Md. Date signed 6/29/43

VB 180

Va-13548

Please write in ink or typewrite; physicians especially important. Please write the causes of death clearly and legibly.

05901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. G 05901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Woodlea Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Woodlea Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Louise M. Muller (Miller)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1869

8. AGE: Years	Months	Days	If less than one day
73	10	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Helmbold
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant George L. Muller
(b) Address 3819 Woodlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUN 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943 at 7 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1938 to June 27 1943 and that I last saw h[illegible] alive on June 27 1943

Immediate cause of death	Duration
Cerebral embolism from Hypertension	
Due to Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Schofield M.D.
Address 5707 Belair Rd. Date signed 6-30-43

05902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 05902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1363 Stockton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1363 Stockton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Long

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Josephine Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60?			hr. min.

9. Birthplace Wilson N. C. (Town, county, and state)
10. Usual Occupation Shoredone
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C

16 (a) Informant Evelyn Griffin
(b) Address 9019 Jordan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Ms. Auburn
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

JUN 30 1943 (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943, to June 26 1943, and that I last saw him alive on June 26 1943.

Immediate cause of death Acute Vascular Renal Disease — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Tracy M. D.
Address 1708 Penna Ave Date signed 6/29/43

G 05903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 05903

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 N. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lavinia Richmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	4	25		

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N. C.

MOTHER
14. Maiden Name Laura ?
15. Birthplace N. C.

16 (a) Informant Rev. Simon Williamson
(b) Address 1220 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location A. C. County Md.

18 (a) Funeral director Mrs. Roberta Elliott
(b) Address 1220 N. Caroline St

JUN 30 1943

19 (a) Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to June 26 1943 and that I last saw her alive on June 26 1943.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Hypostatic Congestion — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Adams M. D.
Address 1227 N. Caroline Date signed 6-30-43

VS 150

05904

12-82242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05904
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 Whatcoat St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Hooker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11-1876 ?

8. AGE: Years	Months	Days	If less than one day
67 ?	-	17 ?	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hayward Hooker
13. Birthplace S.C.

MOTHER
14. Maiden Name Lucinda Johnson
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto Md. farm square

18 (a) Funeral director Chas H. Aby & Son
(b) Address 927 N. Monroe

19 (a) (Date received by registrar) (b) Huntington Hillen, M.D. Registrar

JUL 30 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1943 at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1943 to 6-28 1943.
and that I last saw h alive on 6-28 1943

Immediate cause of death Bronchopneumonia

Duration 3-4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Patterson M.D.
Address Balt City Hosp Date signed 6-30-43

G 05905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2237 E. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2237 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
W	[illegible]	Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 3rd 1858

8. AGE: Years	Months	Days	If less than one day
84	7	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Mitchell
13. Birthplace Md.

MOTHER
14. Maiden Name Emma (Unknown)
15. Birthplace "

16 (a) Informant Elizabeth Morrell
(b) Address 2237 E. Preston St

17 (a) Burial (b) Date thereof 6/30/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1717 St Paul St
(c) Huntington Williams

JUN 30 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/1943 3:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25/19 43 to 6/27 19 43
and that I last saw h alive on 6/26/19 43

Immediate cause of death	Duration
(a) Cardiac Decompensation	1 day
Due to (b) Senile Myocarditis	6 yrs
Due to (c) Arteriosclerosis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Hardman M. D.
Address 1 E Randall St Date signed 6/28/43

05906 STIVER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 05906

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Monroe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank M. Stiver

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9956

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Hermiletta Beeks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1879

8. AGE: Years	Months	Days	If less than one day
63	7	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation machinist
11. Industry or business Balto. Transit

FATHER
12. Name Joseph Stiver
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Cauldwell
15. Birthplace Balto

16 (a) Informant Mrs Hermiletta B. Stiver
(b) Address 102 N. Monroe

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 1 / 43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cems.
Location Frederick Ave

18 (a) Funeral director John F. Lemmon & Son
(b) Address 901 Hollins St.

19 (a) [illegible] (Date received by registrar) (b) Hunter Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 29 - 1943 at 4 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 6-29-43 Howard J. Mullen M.D.

VR 181

G 05907 G 05907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. Strictly (If outside city or town, give RURAL route or town)
(d) Street No. 16 N. Stricker St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Judith Sharon Rideneur Rideneur
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1943

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Earl Rideneur
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mettie Evans
15. Birthplace Maryland

16 (a) Informant Earl Rideneur
(b) Address 16 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director Jos H Kemp
(b) Address 1605 Hollins St

JUN 30 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 7:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943 to June 29 1943 and that I last saw her alive on June 29 1943.

Immediate cause of death: Cardio Respiratory failure — Duration

Due to

Due to

Other Conditions Congenital malformation Biliary tract
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maureen E. Archbold Jr. M. D.
Address Mercy Hosp. Date signed 6/29/43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 05908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. C 05908

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1928 Fleet St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Fleet St
(If rural give location)
(e) Citizen of foreign country? (Yes ~~or No~~)
If yes, name country

3 (a) FULL NAME Josephine S. Nietubicz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced W.

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Skopinski
13. Birthplace Poland

MOTHER
14. Maiden Name Margaret
15. Birthplace Poland

16 (a) Informant Anna Sokolowski
(b) Address 1928 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

JUN 30 1943 (Date rec'd by registrar) (b) Huntington Ave, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 12:27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1936 to June 28 1943, and that I last saw h[illegible] alive on June 28 1943.

Immediate cause of death ARTERIO SCLEROTIC HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration 1936

Due to

Due to

Other Conditions CEREBRAL HEMORRHAGE — 5/12/36

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operations: —

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph F. Krenza

Address 209 S. Chester St. Date signed 6/30/43 M. D.

VS 180

G 05909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

G 05909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM E BROWN Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 - 1937

8. AGE: Years	Months	Days	If less than one day
5	6	24	hr. min.

9. Birthplace Balto, (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Wm. E. Brown
13. Birthplace Balto

MOTHER 14. Maiden Name Frances Golembieska
15. Birthplace Balto

16 (a) Informant Wm. Brown
(b) Address 608 S. Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Trappe Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) JUN 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 3 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Crushing of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-29-43 at 3 0. P.M.
(b) Where did injury occur? 33rd St & Patterson Pk
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury pedestrian struck by auto

23. Signature H. A. Wollenweber M.D.
Medical Examiner.
Date signed 6-30-43

G 05910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 N. Gilmor (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph C. Morton
3 (b) If veteran, name war No
3 (c) Social Security Account No. No
4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Roberta Morton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10-1883
8. AGE: Years 60 Months 1 Days 20 If less than one day hr. min
9. Birthplace St Mary Co Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

MOTHER / FATHER
12. Name Harvey Morton
13. Birthplace St Mary Co Md
14. Maiden Name Jenifer
15. Birthplace St Mary Co Md

16 (a) Informant Roberta Morton
(b) Address 1230 Gilmor St
17 (a) Burial (b) Date thereof 7-2-43 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Mem Park Location Baltimore Md
18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave
19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

JUN 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1943 at 8 M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to June 30 1943 and that I last saw him alive on June 30 1943
Immediate cause of death Duration
Chronic Myocarditis 6 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. C. Lusk M. D.
Address 1 N Eutaw Pl Date signed June 30 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. This

G 05911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 05911 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2521 Brookfield Ave (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) name country

3 (a) FULL NAME Julia Frumenthal (Julia Frumenthal)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Leon Frumenthal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1875

8. AGE: Years 67 yrs. Months 7 Days 27 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Bernard Feilchenfeld

13. Birthplace Germany

MOTHER

14. Maiden Name — Dalsheimer

15. Birthplace Germany

16 (a) Informant Mrs. B. Frumenthal,

(b) Address 2408 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)

(c) Cemetery or crematory Har Sinai

Location Balto. Md.

18 (a) Funeral director Harris Sondheim Low

(b) Address 902 Eutaw Place

19 (a) [illegible] (b) [illegible] Huntington Williams M.D.

JUN 30 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943 at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943 to June 29 1943, and that I last saw h[illegible] alive on June 30 1943.

Immediate cause of death	Duration
Pulmonary edema	
Due to Left ventricular failure	
Due to Cerebrovascular Renal Disease	
Other Conditions Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Hochheimer M. D.

Address Sinai Hospital Date signed 6/30/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G 05912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Sts.
(c) Hospital or institution Maryland General Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs. 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3526 Poole Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs Addie M. Harris.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 7- 1897
8. AGE: Years 46 Months — Days 25 If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bookkeeper, (Partner)
11. Industry or business R. & S. Sales Co.

FATHER
12. Name Alfred Thomas Harris
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda C. Brothers
15. Birthplace Maryland.

16 (a) Informant Lewis Harris
(b) Address 3526 Poole Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7- 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Carroll Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JUN 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1943 at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1943 to 6/29 1943. and that I last saw h[illegible] alive on 6/29 1943.

Immediate cause of death Intestinal obstruction

Due to Ca of ovary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/16/43

Major findings of operation: large ca of ovary

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. D. Jones
Address Md. Gen'l Hosp Date signed 6/30/43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

G 05913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 05913 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 513 N. 28th Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 513 N. 28th Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Kuntz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia C. Kuntz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7-1867

8. AGE: Years 76 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace York, Pennsylvania (Town, county, and state)

10. Usual Occupation Yard Conductor Md. & Pa. R.R.

11. Industry or business Retired 6 years

FATHER

12. Name John Kuntz

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Christina Bluckinger

15. Birthplace Germany

16 (a) Informant Mrs. Amelia C. Kuntz

(b) Address 513 N. 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29. 1943. at 3.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 19 to 6/28 19 43 and that I last saw him alive on 6/28 1943

Immediate cause of death Pneumonia Lobar

Due to uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. W. Frantz M. D.

Address 1128 St Paul St Date signed

VS 150

G 05914

AB-81714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1137a

G 05914 Registered No.

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The ... especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.-4days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S. Augusta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Lee Carter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife 1st. wife-Allie-Ann 2nd wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31-1860

8. AGE: Years	Months	Days	If less than one day
83	-	30 28	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name William Carter (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Long (D)
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Bowling Green, Va.

18 (a) Funeral director John Burgess Sons
(b) Address Bowie, Maryland

19 (a) JUN 30 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1943, to June 29 1943, that I last saw him alive on June 28 1943.

Immediate cause of death	Duration
Pulmonary Embolism	2 days
Due to Fractured Neck of Femur (right)	??
Due to	
Other Conditions Benign Prostatic Hypertrophy	1 yr.

(Include pregnancy within 3 months of death)

Date of operation May 29 - 1943
Major findings of operation: Prostatectomy (Attended)
of autopsy: Dr. Moore

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Bath City Hosp. Date signed 6-30-43

VS 180

G 05915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. G 05915

G 05915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Maryland
(c) Hospital or institution: South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Hubbard Street (If rural give location)
(e) Citizen of foreign country? Hanbert (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Fox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) December 2 1899

8. AGE: Years	Months	Days	If less than one day
44	6	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sugar Refinery

FATHER
12. Name Timothy Fox
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret McNulty
15. Birthplace Ireland

16 (a) Informant Neamie Fox
(b) Address 2921 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1416 Light St.

19 (a) Registered (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1943, at 6-50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came Natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 6/30/43.

VS 151

G 05916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G 05916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 McHenry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton L. Richardson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-05-8858

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna Marjorie Richardson

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.) November 27, 1906

8. AGE: Years: 36 | Months: 7 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: William L. Richardson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Helen A. Brown
15. Birthplace: Baltimore, Md.

16 (a) Informant: Edna Marjorie Richardson
(b) Address: 134 McHenry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: 3801 Frederick Avenue

18 (a) Funeral director: Leo L. Salsal
(b) Address: 4101 Frederick Ave.

JUN 30 1943 (Date rec'd by registrar) Leighton Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1943, at 10:10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: 25/5

(a) Date of injury 6-23-43 at 12:50 P.M.
(b) Where did injury occur? Found at Fairhaven Pavilion 25 Ft. from 6 Mile Stone St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
was riding on bumper of car. Car
(d) Means of injury: Struck by Auto & he fell off.

23. Signature Howard J. Weidein M.D. Medical Examiner.

Date signed 6-29-43

G 05917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 05917 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1752 Orleans St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1752 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Prostic

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Meyer Fuchman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah But
15. Birthplace Russia

16 (a) Informant Harry Prostic
(b) Address 4107 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) [illegible] (Date registered) Huntington Williams M.D. Registrar

N 30 1943

VS 150

MEDICAL CERTIFICATION 10.15

20. DATE OF DEATH June 30, 1943, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to June 30 1943, and that I last saw h[illegible] alive on June 30 1943.

Immediate cause of death: Carcinoma of Breast with Metastasis to lungs — Duration: 15 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper M.D.
Address 2107 Park Ave Date signed 6/30/43

05918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 61

G 05918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 - 1 - "
(e) Length of stay in Baltimore (yrs., mos., or days) 1 - "

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County
(c) City or town Harlington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Harvard St. N.W. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Ryan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Dennis F. Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1863

8. AGE: Years	Months	Days	If less than one day
80	4	22	hr. min.

9. Birthplace Naugatuck, Conn. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Peter Young
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Farley
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory St. James
Location Naugatuck, Conn.
18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave
19 (a) 7-1-1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1943 to June 30 1943, and that I last saw her alive on June 30 1943.

Immediate cause of death Diabetis with ulcer.
Due to Senile Dementia
Due to Old age and Diabetis for 20 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton P. Hill M. D.
Address Mount Hope Retreat Date signed

Retreat

G 05919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05919 Registered No. 133B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 434 N. Biddle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 N. Biddle
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 - 1867

8. AGE: Years 75 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mattie M. Hyte

(b) Address 434 N. Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Jas. J. Chase & Son

(b) Address 638 N. Gilmor St

JUL 1 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943, to June 29 1943, and that I last saw her alive on June 29 1943.

Immediate cause of death Cerebrovascular hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert L. Mosley M.D.

Address 2024 Madison Ave Date signed 6/30/43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 05920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Frederick avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Frederick ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME BROTHER LEOPOLD C.F.X. (Peter C. Bernardy)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1866

8. AGE: Years	Months	Days	If less than one day
77	4	20	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Xaverian Brother

11. Industry or business

FATHER
12. Name Henry Bernardy
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Klinkhammer
15. Birthplace Germany

16 (a) Informant Rev. Bro Edmund, C.F.X.
(b) Address Mt. St. Joseph's College

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son
(b) Address 1834 N. Mt. Royal Ave.

19 (a) JUL 1 - 1943 (Date rec'd by registrar) (b) Acting for Nellie Lee, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943. to June 29 1943.
and that I last saw h alive on June 29 1943.

Immediate cause of death Uremia
Cardio vascular
Nephritis Senility

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Patrick Clarke M. D.
Address 257 Wilkens Ave Date signed 6/30/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 05921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 Abbott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 Abbott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Russell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Hanover, Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Russell
13. Birthplace Pa.

MOTHER
14. Maiden Name Emily Mathews
15. Birthplace Md

16 (a) Informant Edward Russell
(b) Address 924 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director Joseph L. Locke, Jr
(b) Address 304 E. Central Ave.

JUL 1-1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29- 1943, at 7 [12] AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 6-29-43

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05922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 05922
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3816 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Southern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Blumenberg

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Alma Blumenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	4	28		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Piano Maker
11. Industry or business

FATHER
12. Name Frederick Blumenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Alma Blumenberg
(b) Address 3816 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road.

19 (a) Date received 1943 (Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1941 to June 30 1943.
and that I last saw h[illegible] alive on June 29 1943.

Immediate cause of death

Duration

Abdominal
Due to Carcinomatosis 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholas Ingrassia
Address 3707 Belair Rd. Date signed 6 30 43
M. D.

VS 3

05923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 05923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 N Stockton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Stockton A
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Mitchell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Annie Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Clarence Figueroa
(b) Address 1325 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pressman St

19 JUL 1 — 1943 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 3:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1943, to June 28 1943, and that I last saw him alive on June 28 1943.

Immediate cause of death Carcinoma of Stomach — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. William Frey M. D.
Address 928 Penna Ave Date signed 6/30/43

05924 434886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B Registered No.

G 05924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Nelson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 2-12-80

8. AGE: Years	Months	Days	If less than one day
63	4	17	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Nelson
13. Birthplace Md

MOTHER 14. Maiden Name Annie ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem. Location Coffield's Md

18 (a) Funeral director Edward A. Crumpton
(b) Address 21 W. 25th Ph Huntington Williamsport, Md

JUL 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williamsport, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 29 1943 at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 18 1943 to JUNE 29 1943 and that I last saw h.] alive on JUNE 29 1943.

Immediate cause of death Uremia & Terminal pneumonia — Duration 6 days 4 yrs

Due to Carcinoma of Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation May 28, 1943
Major findings of operations Ca of bladder
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Calvin L. Richardson Jr.
Address Johns Hopk. Hosp. Date signed 7/1/43

VS 250

05925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 05925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 168 W. Hamburg
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 168 W. Hamburg (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George A. Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-8533

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 61 | Months 60 | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Thomas Gray
13. Birthplace md

MOTHER
14. Maiden Name Maria Spriggs
15. Birthplace md

16 (a) Informant Sarah Gray Johnson Sister
(b) Address 900 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A. Hayes
(b) Address 142 W. Hill St

19. Filed July 1, 1943 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 43, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 19 43 to 6/28 19 43.
and that I last saw h alive on 6/28/43

Immediate cause of death	Duration
Left Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Delacour M. D.
Address 6/30/43 Date signed
13 Harlem Ave

VS 180

1

05926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 2 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 158 Wye Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-18-5298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1921

8. AGE: Years	Months	Days	If less than one day
22	4	6	hr. min.

9. Birthplace Kinston, N. C.
(Town, county, and state)
10. Usual Occupation a man
11. Industry or business Bet. Steel

FATHER
12. Name Frank Johnston
13. Birthplace N. C.

MOTHER
14. Maiden Name Estelle Nelcott
15. Birthplace N. C.

16 (a) Informant Alice Johnston
(b) Address

17 (a) Burial (b) Date thereof 7/1/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director M. W. E Dapperi Sons
(b) Address Lombard & Ann Sts.

JUL 1 - 1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broken neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 28 1943 at 5 P.M.
(b) Where did injury occur? Bay Shore Park
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Head Struck object in water while diving

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed June 28 1943

VS 151

05927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 05927
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Saratoga Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH MOYE

3 (b) If veteran, name war: -

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 2/5/1877

8. AGE: Years	Months	Days	If less than one day
66	4	25	hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name McRae Uzzel
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unkown

16 (a) Informant Mattie Hamilton
(b) Address 161 W.143rd St. N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md.

18 (a) Funeral director Charles Hooper
(b) Address 514 N. Calhoun St.

Filed 7-1-1943 (Date rec'd by registrar) (b) Huntington, Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1943, at 11:10 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage

Due to Arteriosclerosis,

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-30-43

05928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 05928 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1881

8. AGE: Years	Months	Days	If less than one day
62	2	23	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Jas. T. Webb
13. Birthplace Va.

MOTHER
14. Maiden Name Matilda Ann ?
15. Birthplace Va.

16 (a) Informant Janie Alston (Daughter)
(b) Address 911 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1943, at 12:15 P.M.

21. I certify that I took charge of the remains described above, held an inspection + Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-28-43

VS 151

1929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G 05923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 S. ROBINSON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 S. ROBINSON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ROCKSTROH

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: GEORGE ROCKSTROH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 231863

8. AGE: Years: 80 Months: 1 Days: 6 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: FREDERICK AHLES
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: ROSE MAHONEY (DAUGHTER)
(b) Address: 208 S. ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2/4 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Zeiler INC
(b) Address: 403 S. WOLFE ST.

JUL 1 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 29 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1943 to June 29 1943, and that I last saw her alive on June 28 1943.

Immediate cause of death
Arteriosclerotic C.V. Disease.
Due to Myocardial Failure

Duration: 5-28-43

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E A Schumunk M. D.
Address 842 S Eaton Date signed 6-29-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

G 05930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 S.BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 S.BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ANNA BOEHM

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MICHAEL BOEHM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG.23 1864

8. AGE: Years	Months	Days	If less than one day
78	10	5	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

MOTHER / FATHER
12. Name HENRY BOEHM
13. Birthplace GERMANY
14. Maiden Name MARGARET SENFT
15. Birthplace GERMANY

16 (a) Informant ANNA BORCHARDT (DAUGHTER)
(b) Address 425 N.CLINTON ST.

17 (a) BURIAL (b) Date thereof JULY 2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE.

18 (a) Funeral director Lillyand Zeiler INC.
(b) Address 403 S.WOLFE ST. Huntington Williams, M.D.

19 (a) JUL 1 - 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 28 1943, at 9/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 2 1942 to June 28 1943
and that I last saw h alive on June 27 1943.

Immediate cause of death	Duration
Arteriosclerotic C.V. disease	
Cerebral Hemorrhage	10-2-42
Due to Carcinoma of Stomach	4-17-43
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Eichenmuth M. D.
Address 942 S Exeter Date signed 6-29-43

VS 180

G 05931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

469

Registered No. G 05931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave & Dukeland
(c) Hospital or institution West Baltimore General Hosp
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Bryant Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL ABRAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna Abrams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Filling Station (Prop)
11. Industry or business

FATHER
12. Name Abraham Isaac Abrams
13. Birthplace Austria

MOTHER
14. Maiden Name Hannah -
15. Birthplace Austria

16 (a) Informant Anna Abrams
(b) Address 2221 Bryant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Perrigan Hill Rd

18 (a) Funeral director Isaac Levin Inc
(b) Address 1439 E. Balto St

7-1-1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/43 19 to 6/29/43 1943.
and that I last saw him alive on 6/29/43 1943.

Immediate cause of death Generalized metastases — Duration

Due to Carcinoma pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Borofsky
Address West Balto Gen Hosp Signed 7/2/43 M. D.

VS 150

05932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓ G 05932 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Hilton Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11

(e) Length of stay in Baltimore (yrs., mos., or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Hilton Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Blumenfeld

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
59				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Haubrich Katzner

13. Birthplace Russia

MOTHER 14. Maiden Name Metta —

15. Birthplace Russia

16 (a) Informant Irvin Blumenfeld

(b) Address 3900 Hilton Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Location

18 (a) Funeral director Pace Funeral Inc

(b) Address 1729 E. Balto. St

JUL 1 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-43 19 , at 3A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1943 to 6/29 1943, and that I last saw h er alive on 6/29 1943.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Coronary Sclerosis

Due to Ch. Myocarditis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. L. Hornstein M. D.

Address 733 Asquith St Date signed 6/30/43

VS 189

C 05933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 05933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Finksburg, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Douglas Louis Mann.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1942

8. AGE: Years	Months	Days	If less than one day
	9 mos	11	hr. min.

9. Birthplace Finksburg, Md.
(Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James W. Mann
13. Birthplace Patapsco, Md.

MOTHER
14. Maiden Name Mary Beal
15. Birthplace Finksburg Md

16 (a) Informant James W Mann
(b) Address Patapsco Md

17 (a) Burial (b) Date thereof July 2-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wesley
Location Carroll Co Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead Md

JUL 1 - 1943 Harry Pentz for Williams M.D.
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1943 at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/28 1943, to 6/30 1943, and that I last saw h[illegible] alive on 6/30 1943

Immediate cause of death Foreign Body in Lung.

Due to

Due to

Other Conditions Pneumonia
Paralytic Ileus
(Include pregnancy within 3 months of death)

Date of operation Bronchoscopy & Tracheotomy on 6/28/43

Major findings of operations Bean portion removed

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 28 1943 at ? P M
(c) Where did injury occur? Finksburg Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Choked on bean

23. Signature Rose B. Brooks
Address [redacted] Mercy Hosp Date signed 6/30/43

Approved by Robert Lee Graham M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 05934 Registered No.

Current age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2437 Pickwick Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Pickwick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSANNE BARTSCHER REVELL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife James S. Revell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23. 1881

8. AGE: Years	Months	Days	If less than one day
61	10	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name George Bartscher
13. Birthplace Balto.

MOTHER 14. Maiden Name Mary Clara Hall
15. Birthplace Balto.

16 (a) Informant Mrs. Lois Revell Lautenbach
(b) Address 2437 Pickwick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) July 1 1943 (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1943, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1943, to June 30 1943, and that I last saw h[er] alive on June 29 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 min.
Due to Hypertension cardio-vascular disease — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hilbert F. Shellman M. D.
Address 6 East Biddle St. Date signed 6/30/43

VS 150

05935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ Registered No. G 05935

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1634 Miller St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1634 Miller St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Cecelia Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1863

8. AGE: Years 80 | Months - | Days 18 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Barber

FATHER

12. Name Norris

13. Birthplace Balto Md

MOTHER

14. Maiden Name Mary Queen

15. Birthplace Balto Md

16 (a) Informant Charles L Norris

(b) Address 1634 Miller St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 43 (month) (day) (year)

(c) Cemetery or crematory Columbus Mem Park

Location Balto Co

18 (a) Funeral director J. L. Preston Funeral

(b) Address 519 Mosher St

19 (a) JUL 1 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to June 28 1943, and that I last saw him alive on June 28 1943.

Immediate cause of death: Coronary Thrombosis — Duration 2 hrs

Due to Myocarditis

Due to Hypertension

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert R. Lofland

Address 8220 Bond St Date signed 6-30-43

VS 3

G 05936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312 ✓ Registered No. G 05936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Ward st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Ward st (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Steven Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nettie Chambers

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1875

8. AGE: Years 67 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Steven Chambers
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mattie
15. Birthplace Baltimore Md

16 (a) Informant Nettie Chambers
(b) Address 1439 Ward st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1943 (month, day, year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St.

19 JUL 1 - 1943 Hunting for Williams, U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1943 to June 28 1943, and that I last saw him alive on June 28 1943.

Immediate cause of death (a) Myocarditis

Due to Hypertension

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David J. Crawley

Address 1111 Lee Date signed June 30 1943

VS 3

5937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05937

Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 N. Wolfe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 1034 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel J. Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Fannie P. Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1881

8. AGE: Years	Months	Days	If less than one day
61	10	8	hr. min.

9. Birthplace Dorchester Md. (Town, county, and state)
10. Usual Occupation Labour
11. Industry or business

FATHER
12. Name Samuel Chase Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Fannie Chase
(b) Address 1034 N. Wolfe St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 24 49 (month) (day) (year)
(c) Cemetery or crematory
Location Cambridge Maryland

18 (a) Funeral director Mrs. A. Elliott Vaught
(b) Address 1129 N. Caroline St.

19 (a) JUL 1 1943 (Date received by Registrar) (b) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16-1943, to 6-29-1943, and that I last saw h- alive on 6-28-1943.

Immediate cause of death: Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H. Cargiles M. D.
Address 611-N. Caroline Date signed 6-30-43

G 05938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 05938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Fulton Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Schuler F. Tolle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Augusta Tolle
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 15 1871
8. AGE: Years 72 | Months 1 | Days 14 | If less than one day: hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Woodworker
11. Industry or business Garage-Business

FATHER
12. Name Schuler F. Tolle
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Hartman Tolle
(b) Address 2533 Fulton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 - 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director F. O. Weisheit Son
(b) Address 300 Eutaw Place
JUL 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/43 19 , at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to 6-29 1943.
and that I last saw him alive on 6/29 1943.

Immediate cause of death: Myocarditis — Duration 4 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Truman Hoober M.D.
Address 353 E Preston Date signed 7-1-43

VS 150

Every item of information should be carefully supplied. Do not abbreviate, write plainly, with UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate, write plainly, with UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

Registered No. G 05939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Allendale St.
(If rural give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country ———

3 (a) FULL NAME Walter Edwin Eiting Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Susan G. Eiting

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 9/13/1893

8. AGE: Years 49 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation Sec. & Treas.

11. Industry or business Automobile Finance

FATHER
12. Name John F. Eiting
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Louise Tellander
15. Birthplace Philadelphia, Pa.

16 (a) Informant Susan G. Eiting
(b) Address 701 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director F. A. Klapproth & Son
(b) Address 300 Eutaw Place

19 (a) Filed 7-1-1943 (Date received by registrar) (b) Huntington Hollins M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-43 19 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29-43 19 to 6-29-43 19 and that I last saw him alive on 6-29-43 19

Immediate cause of death Heat Exhaustion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I Thomas C. Webster M. D.
Address Mary Land Hospital Date signed 6-29-43

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Approved by: Robert Lee Graham M.D.

G 05940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G 05940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Strickland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Wall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Wall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1901

8. AGE: Years	Months	Days	If less than one day
42	3	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Baltimore Transfer Co.

FATHER
12. Name Charles Wall
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Hann
15. Birthplace Port Deposit, Md.

16 (a) Informant: Mrs. Anna Wall
(b) Address 3203 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Geo. M. Lehnert
(b) Address 2101 Frederick Ave.

19 (a) Date received by registrar JUL 1 - 1943 (b) Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 2:45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed July 1st 1943

05941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G 05941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 Asquith St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Asquith (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George John Schroth

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	Male	White	Married

6 (b) Name of husband or wife Mary Schroth
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Dec-25-1871

8. AGE: Years	Months	Days	If less than one day
71	6	54	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business —

FATHER	12. Name Charles Schroth
	13. Birthplace Penna
MOTHER	14. Maiden Name Mary Weil
	15. Birthplace Germany

16 (a) Informant Mrs Mary Schroth wife
(b) Address 1522 Asquith St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore
18 (a) Funeral director Shuart Mortuary Co.
(b) Address 108 W North Ave.
JUL 1 1943 (Date rec'd by registrar) Waiting for Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 10 15 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1942 to June 29 1943 and that I last saw him alive on June 29 1943

Immediate cause of death: Basal Cell Carcinoma of Nose — Duration 10 yrs
Due to Carcinoma of Neck — 1 yr
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: —
of autopsy: None done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —
23. Signature Duncan W. Yoakam M.D.
Address 345 N. Patterson Pk. Date signed 6/30/43

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05942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 05942

1. PLACE OF DEATH: Lake Drive & Linden
(a) Baltimore City, Maryland
(b) Street address Alcambra Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) About 50 yrs

USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Alcambra Apts. Lake Drive & Linden (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph B. Gutman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Beulah R. Gutman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1874

8. AGE: Years 68 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Insurance Business

11. Industry or business

FATHER
12. Name Abraham Gutman
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Stattiger
15. Birthplace Germany

16 (a) Informant Miss. Marion Gutman
(b) Address Alcambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Baird Sondheim & Co.
(b) Address 902 Eutaw Place

19 (a) JUL 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1943 at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1916 to 6/30 1943 and that I last saw deceased alive on 6/30/1943.

Immediate cause of death: Cardio Vascular Disease — Duration: 1 yr.
Due to: Arteriosclerosis — Duration: 5 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene J. Leopold M. D.
Address 208 W Lafayette Ave Signed

VS 3

05943 G 05943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 1318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Cohen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1879

8. AGE: Years	Months	Days	If less than one day
About 64			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Secretary
11. Industry or business

FATHER
12. Name Simon Cohn
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Jacobson
15. Birthplace Germany

16 (a) Informant Miss. Helen Cohn
(b) Address 2407 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Baird Sonneborn & Son
(b) Address 790 W. Lexington St. Baltimore, Md.

19 (a) JUL 1 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943, at 6:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943, to July 1 1943, and that I last saw her alive on June 30 1943

Immediate cause of death	Duration
Pulmonary Edema	
Due to Uremia	
Due to Chronic nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert H. Jacobs M. D.
Address Sinai Hospital Date signed 7/6/43

correct age if apparently impossible. If uncertain, say so. Fill in dates even if only approximate. Never state "unknown" if any estimate, however indefinite, can be made.

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G 05944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 Welcome Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Welcome Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN BELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1897

8. AGE: Years 46 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Polk Ashton
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Braxton
15. Birthplace Va.

16 (a) Informant Mrs Maria Sample
(b) Address 164 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.
JUL 1 1943

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, '43 19 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to June 30 1943 and that I last saw h alive on June 30 19 43

Immediate cause of death Lobar Pneumonia — Duration 2 wks

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Johnnie Gaines M. D.
Address 665 W. Barre St. Date signed 7/1/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 05945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

G 05945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Brunt st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Brunt st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Addley (Addley)
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 4-30-1898
8. AGE: Years 45 | Months 2 | Days — | If less than one day hr. min.
9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Jacob Addley
13. Birthplace Pa

MOTHER
14. Maiden Name Harriet Maddox
15. Birthplace Pa

16 (a) Informant Jacob Addley
(b) Address 628 W. Saratoga st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md
18 (a) Funeral director Milligan & Jackson
(b) Address 916 Penna ave
19 (a) JUL 1 – 1943 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 2 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 1943 to 6/30 1943, and that I last saw alive on 6/3 1943.

Immediate cause of death: Chr. Nephritis — Duration
Due to Uremia
Due to Acute Dysphagia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Burk Chetty M. D.
Address Date signed

VS 3

G 05946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 05946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Madison Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Winder

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1890

8. AGE: Years 53 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Eastern Shore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John A. Dickerson
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name MARY FOUNTAIN
15. Birthplace Eastern Shore, Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Hellen
(b) Address 1601 Druid Hill Ave

19 (a) [illegible] (b) Registrar John Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943 at 9:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943 to June 28 1943 and that I last saw h alive on June 28 1943.

Immediate cause of death Respiratory failure — Duration
Due to cerebral accident
Due to Hypertensive C-V. disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham
Address JHH Date signed June 29

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 05947
Registered No.

1. PLACE OF DEATH: 05947
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Division Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FRANCIS COOPER

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married (Sep.)

6 (b) Name of husband or wife: Agnes Addison
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1890

8. AGE: Years 52 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Elevator Operator - 1942
11. Industry or business -

MOTHER / FATHER
12. Name Frank Thomas Cooper
13. Birthplace Maryland
14. Maiden Name Cecelia Holtom
15. Birthplace Maryland

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (b) Date thereof July 3, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 JUL 1 - 1943 Huntington, W. Va.
(Date rec'd by Registrar) (Place of burial)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1943, at 4:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2, 1943 to June 28, 1943, and that I last saw h in alive on June 28, 1943.

Immediate cause of death: Status asthmaticus — Duration: 12 hrs.

Due to Cardiac asthma — 1 mo.

Due to Arteriosclerotic heart disease — 2 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. H. Bridenbaugh M. D.
Address Baltimore, Md. Date signed 6/28/43

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Va-15249

G 05948

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 306 G 05948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruby Pauline Pennington

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Grover Pennington
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 1, 1915

8. AGE: Years	Months	Days	If less than one day
28	2	0	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Sales Clerk at Market Basket
11. Industry or business

FATHER
12. Name ? Henry Shepherd
13. Birthplace ? N. C.

MOTHER
14. Maiden Name ? Lizzy Powers
15. Birthplace ? N. C.

16 (a) Informant Administration ship
(b) Address

17 (a) Burial (b) Date thereof July 4 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Warren
Location Gregorville Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson Md.

19 (a) 7-4-1943 (b) Thomas Williams, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1943 to 7-1 1943, and that I last saw h[illegible] alive on 7-1 1943.

Immediate cause of death	Duration
Cardiac - renal failure	4 mos
Due to (a) Toxic-T-B	?
(b) Rheumatic-Fever	?
Due to	
Other Conditions Chronic Passive Congestion	3 Yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Tuberculosis of the [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Franklin E. Leahe
Address Womans Hospital Date signed 7/6/43 M.D.

G 05949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 05949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Arthur F. Silver

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1898

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: May L. Silver (Nee Thompson) 6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1899

8. AGE: Years	Months	Days	If less than one day
43	6	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Gang Pusher for Locke
11. Industry or business Insulator Corp.

FATHER
12. Name John H. Silver
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louella R. Harford
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. May L. Silver (Wife)
(b) Address 1230 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Location Balto. Co., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400-02 E. Baltimore St.

19. (a) 7-1-1943 (Date rec'd by registrar) (b) Huntington Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1943 to June 30 1943, and that I last saw him alive on 6/30 1943.

Immediate cause of death Uremia & Uremic Convulsions — Duration

Due to Renal Suppression

Due to Unknown Cause

Other Conditions Bronchopneumonia LL

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: June 22, 1943

of autopsy: June 30, 1943

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexander E. Bodell, M.D.
Address 1400 Mercantile Bldg. Date signed 6/30/43

VS 180

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 05950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X/61

G 05950
Registered No. 6095

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore 4113 2nd St. Canton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Annapolis, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcellus (Matt) Windsor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Hattie Lawson Windsor
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1869 ~~71~~

8. AGE: Years	Months	Days	If less than one day
72 73	6	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Storekeeper
11. Industry or business

FATHER
12. Name George Washington Windsor
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Sarah B. Webster
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof July 3/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shoberts
Location Deale Md.

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Galesville Md.

JUL 1 - 1943
(Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1943 19 at 5:A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1943 to July 1 1943, and that I last saw him alive on July 01 1943.

Immediate cause of death: Diabetes mellitus 2 acidosis 2 gangrene left big toe
Due to: Staphylococcus septicemia Gm positive rod gm bacilli
Due to: Uremia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

G 05951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05951 Registered No. 180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 147 W. Hamburg Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AMOS E. BAXTER

3 (b) If veteran, name war none

3 (c) Social Security Account No. 705-14-1665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Clerie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1910

8. AGE: Years	Months	Days	If less than one day: hr.	min
32	11	27		

9. Birthplace St. Matthews S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gas & Electric Co

FATHER
12. Name Lonnie Baxter
13. Birthplace S. C.

MOTHER
14. Maiden Name Julia Davis
15. Birthplace S. C.

16 (a) Informant Clerie Baxter
(b) Address 147 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cr
Location Balto Md

18 (a) Funeral director Isaiah L. Brown Jr
(b) Address 108 W Montgomery St

19 (a) (b) Huntington Williams, M.D. Registrar

1943 (registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1943, at 9 A. M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, inspection or inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Gas Gangrene due to fracture of left tibia and fibula

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: 23/1
(a) Date of injury 6-26-43 at 9 A. M.
(b) Where did injury occur? 147 W. Hamburg Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Jumped from window because of fir

23. Signature W. L. Wollenweber M.D. Medical Examiner.
Date signed 6-30-43

05952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05952 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 S.Cornwall Street
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 5
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 S.Cornwall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rozalia Josephine Szymanski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife xxx Albert Szymanski
6 (c) If alive, give age years dec'd.

7. Birth date of deceased (mo., day, yr.) Aug, 24-1860

8. AGE: Years	Months	Days	If less than one day
82	10	4	hr. min

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Katherine Szymanski
(b) Address 402 S.Cornwall Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County Md.

18 (a) Funeral director Geasa A Weber
(b) Address 1915 E. Lanvale St

19 (a) JUL 1 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1943, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943 to June 28 1943, and that I last saw her alive on June 28, 1943.

Immediate cause of death: Hypostatic pneumonia Carcinomatosis Hemorrhage Enterorrhexis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mitchell F. Hennessy M. D.
Address 7515 Eastern Ave Date signed 6/29/43

VS 180

HEALTH DEPARTMENT—CITY OF BALTIMORE

05953 05953

CERTIFICATE OF DEATH

1923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2361 Annapolis Ave St. (Ward) Westport 3

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME William Francis Brady

If U. S. Veteran specify WAR _____

(a) Residence: No. 2361 Annapolis Ave St, Ward. Westport
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adeline Brady

6. DATE OF BIRTH (month, day, year) Jan 27 1888

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
55	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME James Brady

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Margaret O Connor

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Dr Glenn
(Address) 2708 Hollins Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Forrains Date July 3, 1923

19. UNDERTAKER William Cook Inc
Address 1043 W Pratt St

20. FILED _____, 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1923

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1923, to July 1, 1923

I last saw him alive on June 29, 1923. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Heart Disease	4 mo.
Other contributory causes of importance: Arterio Sclerosis	3 yrs.

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. D. Glenn, M. D.

(Address) 2708 Hollins Ferry Rd.

GPO 8

G 05954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 05954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Barclay
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Barclay
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William M. Buck

3 (b) If veteran, name war — M
3 (c) Social Security Account No. ~~Applied for~~

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife Etta M. Buck
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 17th, 1867
8. AGE: Years 76 | Months 3 | Days 5 | If less than one day: hr. min.
9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Painter

FATHER
12. Name Samuel T. Buck
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Turner
15. Birthplace Md.

16 (a) Informant Etta M. Buck
(b) Address 2418 Barclay St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (mo.) 7 (da.) 2 (yr.) 43
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 5 E. Fayette St

JUL 1 - 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1943, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to June 29 1943 and that I last saw him alive on June 28 1943.

Immediate cause of death: Cancer of Bladder. — Duration 6 mos.
Due to —
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 8460 W 36 St Date signed 6/30/43

From Our Records

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The ~~UNFADING INK~~

G 05955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05955 Registered No. 1942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 E. North Avenue
(c) Hospital or institution.
Above address. Office of Dr. Gillsbury.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 McAleer Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN V. LONERGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Feb 28 1897

8. AGE: Years	Months	Days	If less than one day: hr	min
46	4	2		

9. Birthplace Brookenlaw, Nebraska (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Interstate Roofing Co.

FATHER
12. Name Simon Lonergan
13. Birthplace Chicago Ill.

MOTHER
14. Maiden Name Mary Waeler
15. Birthplace Leavenworth, Kansas

16 (a) Informant Capt. E. R. Henning
(b) Address Apt. 589 Arlington Hills Ft. Barrancas Fla.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (month) (day) (year)
(c) Cemetery or crematory Lovenspeck
Location Leavenworth Kansas

18 (a) Funeral director Wilson & Son
(b) Address 1210 E. Fort St.

19 (a) JUL 1 - 1943 (Date rec'd by registrar) (b) Arlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1943, at 10:47 A. M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. Z. Wollamweber M.D.
Asst. Medical Examiner
Date signed 6-30-43

VS 151

G 05956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address. Howard & Linden
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (~~months~~, or days) 11 8
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 N. Washington Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife ? J. F. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1880

8. AGE: Years	Months	Days	If less than one day
62	6	7	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Fred. W. Reithlingshoefer
(b) Address 1914 N. Washington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 JUL 1 1943 Registrar
Registered by [illegible] Washington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943 to June 30 1943, and that I last saw her alive on June 29 1943.

Immediate cause of death
Diabetes mellitus
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Dangrene of left foot
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Vernon Williams M. D.
Address Md. Gen. Hosp Date signed June 30, 1943

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

G 05957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

G 05957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Eutaw Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2932 N. Calvert (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Lann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		13	9 hr. 10 min.

9. Birthplace Baltimore County Md. (Town, county, and state)
10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name Seymour Lann
13. Birthplace Unknown Calif.

MOTHER
14. Maiden Name Ada L Dorn
15. Birthplace Balto

16 (a) Informant mother
(b) Address 2932 N Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location 13 Cor Lot.

18 (a) Funeral director M. A. L. Duffy & Son
(b) Address 1600 E Lanvale St.

19 (a) JUL 1 - 1943 (Date rec'd by registrar) Washington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1943, at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1943, to June 25 1943, and that I last saw him alive on June 25 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Pneumonia

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Congestion of lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Jan Berry M. D.
Address Mercy Hospital Date signed 6/26/43

VS 150

G 05958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 05958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1936 Mt. Royal Terr.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 Mt. Royal Terr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH RICHARDS KINSMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Arthur M. Kinsman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1862

8. AGE: Years	Months	Days	If less than one day
81	2	26	hr. min.

9. Birthplace Amboy, Ill.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert Richards
13. Birthplace Cornwall, Eng.

MOTHER
14. Maiden Name Elizabeth Dunbar
15. Birthplace Pittsfield, Mass.

16 (a) Informant Mrs. Helen Kinsman Elphinstone
(b) Address 92 N. E. 90th St., El Portal Miami, Fla.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 7-1-1943 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1942 to June 27 1943, and that I last saw her alive on June 25 1943.

Immediate cause of death Carcinoma of Stomach — Duration 8 months
Due to Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mrs. Conrad Bode M.D.
Address 1900 Maryland Ave Date signed June 30 1943

VS 186

G 05959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √1196

G 05959
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Homewood ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Price

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1943

8. AGE: Years | Months: 1 | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William Price
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ruth Balding
15. Birthplace Bath, Md.

16 (a) Informant Mother
(b) Address 1042 Homewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUL 1 1943 (Date received by local registrar) (b) Signature Harrington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943, to June 30 1943, and that I last saw him alive on June 30 1943.

Immediate cause of death: Cardio-Resp failure — Duration

Due to

Due to: Cerebral hemorrhage

Other Conditions: Diarrhea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion L. Aderhold Jr. M. D.
Address Mercy Hosp. Date signed 6/30/43

Dr M.L. Aderhold, Jr

G 05960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05960 Registered No. 947a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution:
Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Whitelock St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADELE ALEXANDER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	10	hr. min.

9. Birthplace Rochester, N. Y. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business retired 15 years

FATHER
12. Name Henry Alexander
13. Birthplace Germany

MOTHER
14. Maiden Name Amalia Auerbach
15. Birthplace Germany

16 (a) Informant Mr. Sigmund Samuel
(b) Address 610 Whitelock St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory Balto., Md.
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 7 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943 to July 1 1943 and that I last saw her alive on July 1 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 2hrs

Due to Apoplexy — 3 days

Due to Arterio Sclerosis — 2yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Rawlings M. D.
Address 16 Rowland Date signed 7/6/43

correct age is especially important. Physicians: please write the cause or death clearly and legibly.

VS 250

G 05961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 432a

G 05961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James a. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna D. Brown

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): September 8, 1880

8. AGE: Years: 62 60 | Months: 9 | Days: 13 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Service man

11. Industry or business: Consol. Gas & Electric Co.

FATHER
12. Name: Thomas A. Brown
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Jane Roloson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Anna D. Brown
(b) Address: 528 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1943 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Willis Lamotray
(b) Address: 1003 N. Baltimore St.

19 (a) JUL 1 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1943, at 3:35 P. M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage, spontaneous

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 1 1943

G 05962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

832a

G 05962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or Lanhard or Trans
(c) Hospital or institution:
Community 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vara Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Bl

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 20, 1891

8. AGE: Years 52 | Months - | Days 10 | If less than one day: hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Moore
13. Birthplace N. C.

MOTHER
14. Maiden Name Nora
15. Birthplace N. C.

16 (a) Informant Taft Holmes
(b) Address 1204 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Airy
Location North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 1943 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to June 30 1943 and that I last saw her alive on June 30 1943.

Immediate cause of death	Duration
Intracranial Hemorrhage	3 hr.
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bloody spinal fluid.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 6/30/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

C 05963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

Registered No. C 05963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. o'a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	

6 (b) Name of ~~husband or~~ wife Dorothy Dorsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day: hr.	min.
32				

9. Birthplace Annapolis Md. B. & A. Co.
(town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business None

FATHER
12. Name Henry Dorsey Sr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Susanna Richardson
15. Birthplace Annapolis Md.

16 (a) Informant Louise Stewart
(b) Address 9 College Ave. Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Brewer Hall Cemetery
Location West Cathedral

18 (a) Funeral director Wheeler & Hicks
(b) Address 45 Northwest St Annapolis Md.

19 (a) JUL 2 1943 (Date received by Registrar) (b) Huntington Williams Registrar, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1943 at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to marked cardiac hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 1 1943

05964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 52B

G 05964
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ (b) County
(c) City or town Woodstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Linerson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter E. Weiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith Weiss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-97

8. AGE: Years 45 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace Wis (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER
12. Name Nicholas Weiss
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Wheelhez
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1st 1943 (month) (day) (year)
(c) Cemetery or crematory Woodstown N. J.
Location

18 (a) Funeral director Wolfram Cook Inc
(b) Address 107 S. Paul St

JUL 2 - 1943
(Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1943, to July 1 1943, and that I last saw him alive on July 1 1943.

Immediate cause of death: Acute Pyelonephritis, + Terminal uremia — Duration: 8 hrs

Due to: Ureteral obstruction + marked cystitis

Due to: Carcinoma of Urinary Bladder

Other Conditions: Exsanguination

(Include pregnancy within 3 months of death)

Date of operation April 14, 1943

Major findings of operation: Suprapubic exploration & fulguration of urinary bladder tumor (carcinoma)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Harris
Address Johns Hopkins Hosp. Date signed 7/4/43

VS 150

G 05965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 Registered No. G 05965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N. 40th St
(c) Hospital or institution: Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N 40th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Widdell

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry M. Widdell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1875

8. AGE: Years	Months	Days	If less than one day
68	5	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Bebtagel
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Rhea Hoffman
15. Birthplace Baltimore Md

16 (a) Informant Emily Baughtel
(b) Address Home for Incurables

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 Filed 7-2-1943 (Registrar's Signature) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 11 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1939 to 6/30 1943, and that I last saw her alive on 6/30 1943.

Immediate cause of death: Arteriosclerosis (Generalized) — Duration 5 years
Left Hemiplegia — 10 years
Due to Essential Hypertension
Due to Cardiac Decompensation — 5 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Dryden Thompson M.D.
Address 214 Medical Let Bldg Date signed 6/30/43

VS 3

5966 Reg. 5800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B ✓ G 05966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 W Lafayette St (If rural give R.F.D. or location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Hudson Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 33 | Months | Days | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 1 - 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 2 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1943, at 3.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to June 27 1943, and that I last saw him alive on June 27 1943.

Immediate cause of death: Congestive Heart Failure — Duration

Due to Rheumatic Heart Disease ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Feeling M.D.
Address St. Joseph's Hosp. Date signed 6-30-43

VS 3

10213

C 05967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. C 05967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 81
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Llewelyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	C	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace N. Carolina (Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Henry Jones
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Virginia Jordon
15. Birthplace North Carolina

16 (a) Informant Mary Jones Wife
(b) Address 2011 Llewelyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Woodlawn SC

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 11:05 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gunshot wound of abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 30 1943 10:45 P.M. Aug.
(b) Where did injury occur? House of 915 Pitcairn
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Shot

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed July 1 1943

05968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 05968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale Home
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 N Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Puretz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Annie R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation
11. Industry or business Painter

FATHER
12. Name Unkown
13. Birthplace Austria

MOTHER
14. Maiden Name Unkown
15. Birthplace Austria

16 (a) Informant Albert Puretz
(b) Address 1801 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

7-2-1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h him alive on 7-1 1943.

Immediate cause of death: Cerebral haemorrhage
Arteriosclerosis, Hypertension — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Levindale Date signed 7/2/43

G 05969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

G 05969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Lennox St.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Lennox St.
(If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Thomas Bayard Harten

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------	----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
About 58				

9. Birthplace Solomons, Md. (Town, county, and state)
10. Usual Occupation Elevator Construction
11. Industry or business Western Electric

FATHER
12. Name Frank P. Harten
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth O. Stone
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Catherine G. Harten
(b) Address 707 Lennox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meara & Son
(b) Address 805 N. Calvert St.

19 JUL 2 - 1943 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/1943, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to 6/30/1943, and that I last saw h-- alive on 6/29/1943.

	Duration
Immediate cause of death: Myocardial Insufficiency	7 hrs
Due to: Pulmonary Tuberculosis	1 Year
Due to:	
Other Conditions: Carcinoma Stomach	1 year

(Include pregnancy within 3 months of death)
Date of operation ----
Major findings of operation: ----
of autopsy: ----

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence ---- at --- M
(c) Where did injury occur? ---- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ---- While at work? ---- (Specify type of place)
(e) Means of injury ----

23. Signature Thomas F. Mark
Address 5382 E 22-1st Date signed 7/1/43

VS 150

G 05970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 05970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5221 Springlake Way
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5221 Springlake Way (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No) If yes, name country ----------

3 (a) FULL NAME Susie Clark Haggett

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~###~~ Eben R. Haggett

6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) 6/1/1868

8. AGE: Years 75 | Months 0 | Days 29 | If less than one day --- hr. --- min.

9. Birthplace Newcastle, Maine (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----------

FATHER
12. Name Ephriam Clark
13. Birthplace Maine

MOTHER
14. Maiden Name Sophorina Lailor
15. Birthplace Maine

16 (a) Informant Mr. Arthur Haggett
(b) Address 5221 Springlake Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lincoln Cemetery
Location Newcastle, Maine

18 (a) Funeral director H. H. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) JUL 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30 1943 at 12:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1943 to 6/30 1943, and that I last saw her alive on 6-23 1943.

Immediate cause of death: CEREBRAL ARTERIOSCLEROSIS — Duration 20 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Toney M.D.
Address 1129 St. Paul Street Date signed 7/1/43

VS 180

5971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213-Ensor Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 55-yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213-Ensor Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth T. Hanlon

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dennis Hanlon
6 (c) If alive, give age: -- years

7. Birth date of deceased (mo., day, yr.): Nov. 1866

8. AGE: Years: 76 Months: 7 Days: - If less than one day: hr. - min. -

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Herbert Waldron
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Theresa (?)
15. Birthplace: Ireland

16 (a) Informant: Joseph Hanlon (son)
(b) Address: 1213-Ensor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem. Location: Baltimore, Md.

18 (a) Funeral director: George J. Ruth Inc.
(b) Address: 1725 Harford Ave.

19 (a) JUL 2 - 1943 (Registered by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1943, to June 30 1943, and that I last saw her alive on June 27 1943.

	Duration
Immediate cause of death: Myocardial Insufficiency	10 Days
Due to: Arteriosclerosis	5 yrs
Due to: High Blood pressure	5 yrs
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury:

23. Signature: Fred L. Zimmerman
Address 1554 Harford Rd. Date signed 7/1/43

VS 250

05972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. C 05972

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1066. Chase St
(c) Hospital or institution:
11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Bland Robinson Einstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	widow

6 (b) Name of husband or wife late Samuel Einstein 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1863

8. AGE: Years	Months	Days	If less than one day
80	2.		hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Jacob Bland
13. Birthplace Austria

MOTHER
14. Maiden Name Rosalie —
15. Birthplace Austria

16 (a) Informant Mr. Harry M. Robinson
(b) Address 106 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md

18 (a) Funeral director Harry N. Witzke
(b) Address 4101 Edmondson Ave.

JUL 2-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943 at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1940 to 6-29 1943 and that I last saw her alive on 6-29 1943.

Immediate cause of death Asthenia 2 chronic Ca Cervix
Hemiparesis - right
Due to Auricular fibrillation
Diabetes
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
?
10 days
3 days ?
3 years +

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Nelson Carey M. D.
Address 1014 St Paul St Date signed 7-1-43

VS 150

05973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 05973 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 4
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin H. Sipes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	widower

6 (b) Name of husband or wife late Edna M. Nee Klemm 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1889

8. AGE: Years	Months	Days	If less than one day
54	4	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Foster Bedding Co.

FATHER
12. Name — Sipes
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Thelma Chalk
(b) Address Grasops Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 2/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Harry H. Hitchcock
(b) Address 4101 E Monument Ave.

19 (a) 30 1943 (Date received by Registrar) (b) Huntingtown Williamsburg Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943. at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1943. to June 30 1943. and that I last saw h alive on June 30 1943.

Immediate cause of death

Acute Cardiac Dilatation — Duration: One day

Due to Cardiac vascular disease — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 2617 Madison Ave. Date signed June 30 1943

VS 150

G 05974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1710

G 05974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3633 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J Whaling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1865

8. AGE: Years	Months	Days	If less than one day
78	3	28	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name — Whaling
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Ann Watson
15. Birthplace Va

16 (a) Informant Mrs. Agnes Whaling
(b) Address 3633 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Harry H. Wilson
(b) Address 4101 E Edmondson Ave

19 (a) (b) Huntington Williams M.D. Registrar

JUL 2 1943

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 9:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 30 1943 8:15 P.M.
(b) Where did injury occur? Edmondson Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Struck by street car

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 1 1943

05975 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05975

CERTIFICATE OF DEATH 1200

1. **PLACE OF DEATH** — Registered No. _____

CITY OF BALTIMORE: (No. 1417 E. Madison St., _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. **FULL NAME** Edith Stewart — If U. S. Veteran specify WAR

(a) Residence: No. 1417 E. Madison St., 10-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	b	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Stewart

6. DATE OF BIRTH (month, day, year) 8-25-1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	10	5	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Willis Price

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Maude Bright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maude Price (Mother) (Address)

18. BURIAL, CREMATION OR REMOVAL Place Mt. Calvary Date 7/6/ 1943

19. UNDERTAKER Mrs Ida Bailey (Address) 1420 Pennsylvania Ave

20. FILED JUL 6 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 22 1943 to June 29 1943

I last saw h.e alive on June 29, 1943 Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Duodenal Catarrh	Ja 5th about June 22-43
Other contributory causes of importance: Biliary Stasis & Constipa-	3 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Med. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If yes, specify Sedentary

(Signed) J. H. Walters M. D.

(Address) 2124 McCulloh St

05976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. G 05976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 George St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John L. Foote

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 - 1891

8. AGE: Years 51 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Porter.

11. Industry or business

FATHER 12. Name William B Foote
13. Birthplace Md.

MOTHER 14. Maiden Name Henrietta Young
15. Birthplace Va.

16 (a) Informant Henrietta Foote
(b) Address 702 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore. Md

18 (a) Funeral director Mrs Frances O. Hensley
(b) Address 578 W. Baltimore St

19 (a) Date received JUL 2 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to July 1 1943 and that I last saw alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration 1 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1 W Mt Vernon Pl Date signed July 2 1943

05977 436794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1270 Registered No. G 05977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Hubbard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lulu Holmes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife George
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 9-17-93

8. AGE: Years	Months	Days	If less than one day hr.	min.
49	9	12		

9. Birthplace VA (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name John Davis
13. Birthplace VA

MOTHER
14. Maiden Name Harriet Smith
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County

18 (a) Funeral director Lottie Sykes
(b) Address 1408 Ashland Ave.

19 JUL 2-1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 2.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to June 29 1943 and that I last saw her alive on June 29 1943.

Immediate cause of death	Duration
Heart failure	3 hrs
a coronary occlusion	
Due to Hypertensive cardiovascular	1 yr
renal sclerotic heart disease	
Due to	
Other Conditions ? Pulmonary infarct embolism p.o. cholecystectomy - D	

(Include pregnancy within 3 months of death)
Date of operation 6/27/43
Major findings of operations: Chronic ulcerative cholecystitis
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold H. Harman M.D.
Address J. H. H. Date signed 7/2/43

VS 150

05978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 05978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 E. Mad St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 E. Mad St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Nettie B Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John L. Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9. 1874

8. AGE: Years 69 | Months 4 | Days 19. | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business —

FATHER

12. Name Benjamin Hill

13. Birthplace Va.

MOTHER

14. Maiden Name Nancy Blake

15. Birthplace Va.

16 (a) Informant Sadie Smith

(b) Address 1606 E. Madison St.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 7-2-43 (day) (year)

(c) Cemetery or crematory Arbutus

Location Baltimore Co. Md.

18 (a) Funeral director Nettie Bryan

(b) Address 1408 Ashland Ave.

JUL 2 1943

19 (a) _____ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1943. at 6:15 p M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943. to June 28 1943. and that I last saw her alive on June 28 1943.

Immediate cause of death Rupture Aortic Aneurysm — Duration .7

Due to Chronic Myocarditis — Duration 3 yrs

Due to — Duration —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Calvin B. LeCompte M. D.

Address 1113 N Carrollton Ave Date signed 6/30/43

VS 3

5979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 7+a

Registered No. C 05979

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood
(c) Hospital or institution: University Hosp. 14+2
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Elizabeth Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-8-43

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	6 5	2 1		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Boscoe Moore
13. Birthplace Sumter, S. C.

MOTHER
14. Maiden Name Hattie Mc Loutcheon
15. Birthplace Sumter, S. C.

16 (a) Informant Hattie Mc Loutcheon
(b) Address 1422 Argyle Ave

17 (a) Burial (b) Date thereof 7/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Julian A. Jackson
(b) Address 916 Penna. Ave

19 (a) July 2 1943 (b) Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1943, at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1943, to 6/29 1943, and that I last saw her alive on 6/29 1943.

Immediate cause of death: Heart failure

Due to: Acute Leukemia

Due to:

Other Conditions: probable pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. R. Shipley M. D.

Address University Hospital Date signed 7-1-43

5980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. G 05980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 E. Balto. St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 E. Balto. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chia Linda Freedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Leppa —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham —
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Leppa Freedman
(b) Address 1603 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) 7-2-1943 (Date signed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-43 19 , at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1943 to 7-1 1943, and that I last saw her alive on 7-1 1943.

Immediate cause of death Chronic Myo — Carditis.

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Snyder M. D.
Address 1634 E. Baltimore St Date signed 7-2-43

981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 05981
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 E. Balto St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 E. Balto. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Ditlow
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife DORA DITLOW
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Harry Ditlow
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah —
15. Birthplace Russia

16 (a) Informant Mrs. Dora Ditlow
(b) Address 1519 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location

18 (a) Funeral director Jose Lewis Inc
(b) Address 1439 E. Baltimore St (Huntington or Williams, N.J.)

19 7-2-1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2-43 19 . at 2 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 19 . to 6/30 1943 and that I last saw h alive on 6/30 1943.

Immediate cause of death Ch Myocarditis

Due to Ch General arterio sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. A. Hornstein M. D.
Address 733 Lingenith St Date signed 7/4/43

VS 150

82

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 Registered No. G 05982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rev. William D. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie E. White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1881

8. AGE: Years 61 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Richard White
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Augustus
15. Birthplace Va.

16 (a) Informant Marie E. White
(b) Address 907 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Gertrude M. Park
Location Arbutus Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
Address 1943 W. Carlton St.

19 (a) (Date rec'd by registrar) (b) Hunting for Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1943 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1943 to 6/28 1943 and that I last saw h alive on 19

Immediate cause of death Lobar Pneumonia — Duration 7 dys

Due to Influenza.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. R. Blake
Address 1327 N. Carlton Date signed 7/1/43 M D

VS 150

05983 Lemmi

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163B

Registered No. G 05983

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Guilford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Lemmi

3 (b) If veteran, name war W
3 (c) Social Security Account No. [illegible]

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Bovino (Town, county, and state)

10. Usual Occupation Prof Goucher College

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Dr Dowd H Robertson
(b) Address Goucher College

17 (a) Cremation (b) Date thereof 7/7/43 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E Fayette St

19 (a) JUL 2 1943 (b) Thurlington Williams (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1943, at 1 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Respiratory failure due to Nembutal poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 26 1943 ? M.
(b) Where did injury occur? 3207 Guilford Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Swallowed Nembutal tablets

23. Signature Robert Lee Fratarcangeli M.D. Medical Examiner.
Date signed June 28 1943

VS 151

5984 ✓ G 05984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Russell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Russell st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Nuffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Margaret Nuffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1856

8. AGE: Years	Months	Days	If less than one day
86	7	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Cabinet Maker

FATHER
12. Name John Nuffer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Elsa Gray
(b) Address 3316 Elmley Ave

17 (a) Burial (b) Date thereof 7/3/43 (month) (day) (year)
(Burial, ~~cremation, or removal~~)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) 1111 2-194 (b) Huntington Terrace, Md
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943 at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 June 30 1943.
and that I last saw h~~im~~ alive on Friday 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	10 Min
Due to Hypertension	
Due to Old Age	
Other Conditions Hypertrophied Prostate	2 Years

(Exclude pregnancy within 3 months of death)

Date of operation
Major findings of operation: (No)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. D. Moore M. D.
Address 716 Cathedral St. Date signed 7-1-43

Approved by Robert Lee Graham M.D.

VS 250

G 05985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1178

G 05985
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss. (b) County
(c) City or town New Albany
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 Bankhead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Frank Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-82

8. AGE: Years	Months	Days	If less than one day
60 61	9	9	hr. min.

9. Birthplace Miss
(Town, county, and state)
10. Usual Occupation Banker
11. Industry or business

FATHER
12. Name Wm Caleb Hall
13. Birthplace N.C.

MOTHER
14. Maiden Name Kathryn Houston
15. Birthplace Miss

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 5 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Albany Miss.
Location

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) 7-2-1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943 at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 1 1943, and that I last saw him alive on July 1 1943

Immediate cause of death
Cardiac failure — Duration: 30 hrs duration
Due to Cardiac Enlargement
Due to Bleeding Duodenal Ulcer
Other Conditions Contributory

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold Manuel M. D.
Address Johns Hopkins Hosp. Date signed 7-2-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 280

G 05986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 93

G 05986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 N Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1409 N Chester St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd W. Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabelle Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9th 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68 69	11	20		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business

FATHER
12. Name Thomas H. Mitchell
13. Birthplace Md

MOTHER
14. Maiden Name Eliza Parlett
15. Birthplace Md

16 (a) Informant Mrs Isabelle Mitchell
(b) Address 1409 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3rd 1943 (month) (day) (year)
(c) Cemetery or crematory Balto Mem
Location E North Ave Ext

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patterson Park Ave

19 (a) (Date received by registrar) (b) Huntington Williams Mgr

JUL 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29th 1943, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1943. to June 29, 1943. and that I last saw him alive on June 28, 1943.

Immediate cause of death	Duration
Cerebral hemorrhage & Left Hemiplegia.	5 days
Due to Arteriosclerosis	6 yrs.
Due to	
Other Conditions Chronic Myocarditis	6 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elmer L. Ferguson, M.D.
Address 1613 E. North Ave Date signed 7-1-43

G 05987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

✓ G 05987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 E Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 2308 E Fairmount Balto Md
(If outside city, give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H Collins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Collins
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Mar 7 - 1873

8. AGE: Years: 70 | Months: 3 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: City employee
11. Industry or business: Balto Parks

FATHER
12. Name: John Collins
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Henrietta Carter
15. Birthplace: Balto

16 (a) Informant: Mary Collins
(b) Address: 2308 E Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 3 '43 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Royal

18 (a) Funeral director: Allied Funeral Home
(b) Address: 2004 E Oliver St

JH 7-2-1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 19 43 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19 43 to June 29 19 43, and that I last saw h[im] alive on June 28 19 43.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hour
Due to: Arterio sclerosis — 2 years
Due to:
Other Conditions: Bronchitis — 1 month

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Eugene L. Pearson M. D.
Address: 514 Dulaney Place Date signed: 6/30/43

VS 180

PLEASE WRITE PLAINLY. Use indelible pencil. Do not fold. Do not roll. Do not write outside the lines. Do not use abbreviations except age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 05988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Battery Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Battery Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	M

6 (b) Name of husband or wife Lilly J. Long.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1881.

8. AGE: Years	Months	Days	If less than one day
61	6	8	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Employee of Hopkins
11. Industry or business Not Stated

FATHER
12. Name Edwin H. Hudson
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Gibbons
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1424 Battery Ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Highway

18 (a) Funeral director James R. McNally
(b) Address 130 E. Fort Ave.

19 JUL 2 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 10:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1943, to June 30 1943, and that I last saw him alive on June 30 1943

Immediate cause of death: Cardiac Embolism — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Wheeler

Address 1279 Belvedere Ave Date signed

VS 180

SM G-05989 J

82256

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 05989

CERTIFICATE OF DEATH

Registered No. 1085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Ropewalk Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas William Zang

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1897

8. AGE: Years	Months	Days	If less than one day
45	11	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business

FATHER
12. Name Charles W. Zang
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Kelly
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md.

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1701 Paul St

19 (a) JUL 8 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1943, at 10:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1943 to 6-30 1943, and that I last saw him alive on 6-30 1943.

Immediate cause of death	Duration
(a) Meningitis	7
Due to (b) Pneumonia Lobar	
Due to (c)	
Other Conditions Alcoholism Pneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy: Co Agonal

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Statt M. D.
Address B. C. H. Date signed 7-6-43

VS 180

(over)

4369-05990 ✓ G 05990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 East 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leon B. Mather

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 765-10-8654

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia F. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-82

8. AGE: Years 61 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Mass (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name John H. Mather
13. Birthplace Canada

MOTHER
14. Maiden Name Ellen Bryan
15. Birthplace Vermont

16 (a) Informant Rescinda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul

19 (a) 7-2-1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943 at 2 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to July 1 1943 and that I last saw him alive on July 1 1943

Immediate cause of death: Respiratory failure — Duration

Due to: Metastases & direct extension to brain

Due to: Carcinoma of scalp

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M.D.
Address J.H.H. Date signed 7-1-43

VS 280

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05991 ✓ G 05991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 N. Carolina St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Fremont Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME MRS. LELIA A. MANTLER

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph C.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 25 1874

8. AGE: Years: 68 | Months: 9 | Days: 6 | If less than one day: hr. ..... min. .....

9. Birthplace: Baltimore MD (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Thomas Mantler
13. Birthplace: Baltimore MD

MOTHER
14. Maiden Name: Lillie Robinson
15. Birthplace: Baltimore MD

16 (a) Informant: Joseph C. Mantler
(b) Address: 2725 Fremont Ave

17 (a) Burial
(b) Date thereof: 7/6/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore MD

18 (a) Funeral director: Gilbert & Son
(b) Address: 1217 E. Cold St

19 (a) 7-2-1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1-43 19 . 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2-43 to 7-1-43 and that I last saw h alive on ..... 19 .

Immediate cause of death: Arteriosclerosis heart disease — Duration: .....

Due to: Arteriosclerosis — Duration: .....

Due to: ..... — Duration: .....

Other Conditions: ..... — Duration: .....

(Include pregnancy within 3 months of death)

Date of operation: .....

Major findings of operations: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury: .....

23. Signature: J. B. Ballenas

Address: St Joseph's Hosp. Date signed: 7/6/43 (M. D.)

correct age is especially important. Physicians must use every effort to obtain

VS 3

G 05992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05992

Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7820 Trappe Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marie Stengel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	NONE	F	W	

6 (b) Name of husband or wife Harry B Stengel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	5	15	14	

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Rosenberry
13. Birthplace Pa.

MOTHER
14. Maiden Name Cornelia Lloyd
15. Birthplace Pa

16 (a) Informant Hospital Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Tillman & Doe
(b) Address 1214 Eutaw St

19. (a) Date received July 6 1943 (b) Registrar Livingston Williams MD

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 1:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943, to July 2 1943, and that I last saw her alive on July 2 1943.

Immediate cause of death: Coronary Occlusion — Duration: 4 hours
Due to
Due to
Other Conditions Myocardial Infarction — 10 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Livingston Williams M. D.
Address Church Home & Hospital Date signed 7/2/43

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of cause of death, and correct age is especially important.

G 05993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05993 Registered No. 1712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vincent Urban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife Anna Urban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1880

8. AGE: Years	Months	Days	If less than one day
62	11	6	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Mr. Theodore Urban
(b) Address 2119 Mc Henry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Rd.

18 (a) Funeral director John J. Keenan & Son
(b) Address 901 Hollins St.

JUL 1943 (b) (Date rec'd by registrar) Registrar
Huntington Williams M.D.

VS-181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 6:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to Pedestrian struck by street car.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 25 1943 19-2 P 10:50 M.
(b) Where did injury occur? Fayette Street & Calhoun
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury? Fractured skull & ribs

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 1st 1943

Keep this space free for typewriting; important. Physicians: please write the causes of death clearly and legibly.

G 05994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 05994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1708 Eutaw Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County City

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1708 Eutaw Place
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Anna M. Rice

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Ferdinand M. Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6th, 1872

8. AGE: Years	Months	Days	If less than one day
69 70	10	22	########## min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Casper Kreuzer

13. Birthplace Germany

MOTHER

14. Maiden Name Barbara Getz

15. Birthplace Germany

16 (a) Informant Mrs. Josephine E. Witzel (Sister)

(b) Address 1504 E Lafayette Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Balto.

18 (a) Funeral director George J. Ruth Inc.

(b) Address 1735 Harford Avenue

19 JUL 2 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1943 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 - 1943 to 19 , and that I last saw her alive on June 30 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to advanced arterio sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify typical place)

(e) Means of injury

23. Signature Louis Lynch M.D.

Address 1700 Eutaw Place Date signed July 7-43

VS 180

G 05995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 G 05995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 East 30th. Street
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days) 83yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 East 30th. Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate Dwynell Dietz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry S. Dietz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1859

8. AGE: Years	Months	Days	If less than one day
83	10	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles Huthall
13. Birthplace Unknown

MOTHER
14. Maiden Name Ann Sprague
15. Birthplace Baltimore, Md.

16 (a) Informant Alma Dietz Roach
(b) Address 1912 East 30th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ellsworth Arnaout
(b) Address 3911 Liberty Heights Ave.

19 (a) [illegible] Registrar Huntington Williams M.D.

JUL 2 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1943, at 5 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1935 to June 30, 1943 and that I last saw h[illegible] alive on June 29, 1943.

Immediate cause of death — Duration

Senility — [illegible]

Due to Arteriosclerosis — [illegible]

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2802 Harford Rd. Date signed 6-30-43

G 05996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05996 Registered No. 114D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Fountaindale Security (If outside city or town limits, write RURAL and give town)
(d) Street No. Hagerstown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Bendeksavitz Bendekovitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Steve Bendeksavitz

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Rosie Bendeksavitz

(b) Address Security, Hagerstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Hagerstown Md

18 (a) Funeral director H. K. Hoffman

(b) Address Hagerstown Md.

19 (a) (Date rec'd by registrar) JUL 2 1943 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 2 1943, and that I last saw him alive on July 1 1943

Immediate cause of death: Lung abscess — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D. McMillan

Address Univ. Hosp. Date signed 7/2/43

G 05997 ✓ G 05997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 520

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5014 Gwynn Oak Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5014 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Margaret Mahle

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob F. Mahle
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 20, 1867

8. AGE: Years	Months	Days	If less than one day
76	3	11	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Born
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Wege
15. Birthplace Germany

16 (a) Informant Mr. Herbert J. Mahle
(b) Address 5014 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miles Lawrason
(b) Address 4510 Liberty Heights Ave.

19 (a) July 2 1943 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943, at 8.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 42 1942, to June 30 1943, and that I last saw her alive on June 30 1943.

Immediate cause of death	Duration
Carcinoma atonic	1 week
Due to Cancinoma of urinary bladder	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Huntington Williams M. D.
Address 5201 Gwynn Oak Ave Date signed .....

G 05998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 05998 Registered No. 520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. Geo's Co.
(c) City or town Muirkirk (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jay Mills Phillips

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 491-05-8809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Martha G/

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-90

8. AGE: Years	Months	Days	If less than one day
53	5	0	hr. min.

9. Birthplace N.J. (Newark) (Town, county, and state)
10. Usual Occupation Supt of Plant
11. Industry or business Washington Brick Co.

FATHER
12. Name Alexander Phillips
13. Birthplace N.J.

MOTHER
14. Maiden Name Emma Wilson
15. Birthplace N.J.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/43 (month) (day) (year)
(c) Cemetery or crematory
Location Yemassee, S. C.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Signature of registrar) Huntington Williams M.D. (Registrar)
(b) Date received JUL 2 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1943 to June 2 1943 and that I last saw h[illegible] alive on 7/2/43 1943.

Immediate cause of death: Hypo Pneumonia (hypostatic) Duration 3 weeks
Streptococcus faecalis Septicemia
Due to Rt. Nephrectomy
Due to Hypernephroma (rt. Kidney)
Other Conditions Diminished renal function
(Include pregnancy within 3 months of death)
Date of operation 5/19/43
Major findings of operation: Hypernephroma (rt.)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Clemens M.D.
Address [illegible] Hopkins Hospital Date signed 7/2/43

G 05999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 05999 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2114 Ashland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2114 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME BENEDICT JEROME KASTNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Matilda (nee Flutka)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/82

8. AGE: Years	Months	Days	If less than one day
60 yrs.	9	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cutter
11. Industry or business Schloss Bros.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Matilda Kastner (wife)
(b) Address 2114 Ashland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or Crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) Filed [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1943 at 2.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1943 to June 29 1943; and that I last saw h[illegible] alive on June 28 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokerny
Address 2200 E Madison St Date signed 6/29/43 M. D.

VS 200

SM G 06000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06000 Registered No.

82238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 31
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Gough St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Henry Lahner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Agusta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, ? 1875

8. AGE: Years	Months	Days	If less than one day
68 ?	6	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Lahner
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Grunsner
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Road

18 (a) Funeral director Randall Hooper
(b) Address 312 S. Weighland Ave

JUL 2 – 1943 (Date rec'd by local registrar) (b) Registrar Huntington Williams

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/43 19 . at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 19 43 to 7/1 19 43.
and that I last saw him alive on 7/1 19 43.

Immediate cause of death Cardiac failure; prob. pulmonary embolus — Duration 4 mo.
Due to Arteriosclerotic C.V. disease & angina syndrome
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sarjeant M. D.
Address Balto. City Hosp. Date signed 7/4/43

G 06001 #14 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G 06001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S. Central Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Joseph Roffe

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 217-09-9711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 6 1887

8. AGE: Years	Months	Days	If less than one day
55 56	9	20 22	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Cement Finisher
11. Industry or business

FATHER
12. Name Salvadore Roffi
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Martini
15. Birthplace Italy

16 (a) Informant Catherine Roffi
(b) Address 215 S. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1943 (month) (day) (year)
(c) Cemetery or crematory U.S. National Cem
Location Frederick Road

18 (a) Funeral director Wendell D. Heppel
(b) Address 312 S. Highland Ave

19 (a) JUL 2 - 1943 (Date rec'd by registrar) (b) Hunter for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1943 at 1 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions Fractured tibia, Fractured ribs, Contusions, Lacerations.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-28-43 at 12.30 P M.
(b) Where did injury occur? 215 S. Central Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell from 2 ft. porch

23. Signature Howard J. Cleveland M.D.
Medical Examiner.
Date signed 6-29-43

VS 151

G 06002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 05002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2686 Delaney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2686 Delaney St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew L. Macneal

3 (b) If veteran, name war W
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1874

8. AGE: Years	Months	Days	If less than one day
68	6	14	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew T. Macneal
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Elizabeth R. Prince
15. Birthplace Balto. Md.

16 (a) Informant Chas. W. Macneal
(b) Address 2686 Delaney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1317 St. Paul St

19 (a) JUL 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams Jr. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 2 20 P.M

21. I certify that I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed July 2 1943

G 06003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. G 06003

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Pitt

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1876

8. AGE: Years	Months	Days	If less than one day
67	9	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Thomas J. Pitt
13. Birthplace Maryland

MOTHER
14. Maiden Name Adde McKnew
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address 4940 Eastern Ave. (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 E Paul St

19 JUL 3 - 1943 (Date rec'd by registrar) [illegible] for Williams (Address)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1943, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 7/2 1943, and that I last saw him alive on 7/2 1943

Immediate cause of death Crushing - Traumatic accident — Duration 5 hr.

Due to Pott contusions from old rheumatic c-v disease

Due to

Other Conditions Pt. Leprosy; 30 yrs. Pott's old subdural hematoma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E L Jamison M. D.
Address Health Dept. City Hall Date signed 7/2

Please write plainly with pen or pencil. Any abbreviation or omission should be carefully avoided. Information should be accurate and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G 06004 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 St. Paul st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 St. Paul st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas B. Schall

3 (b) If veteran, name war: W

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Stella M. Schall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1867

8. AGE: Years: 76 | Months: 0 | Days: 25 | If less than one day: hr. min.

9. Birthplace: York Pa.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: None

FATHER
12. Name: Thomas B. Schall
13. Birthplace: Pa

MOTHER
14. Maiden Name: Anna M. Myers
15. Birthplace: Pa

16 (a) Informant: Mrs. Margaret Schall
(b) Address: 1704 E. 33rd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: JUL 3-1943 St. Paul St.

19 (a) Date received by local registrar: Butler Williams M.D.
(b) Address: Baltimore

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1943. at 10:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943. to July 1 1943
and that I last saw him alive on July 1 1943

Immediate cause of death: Dilated Heart — Duration: One month
Due to: Arterial Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H H Pearce M.D.
Address: 405 Charles st Date signed: 7/7/43

G 06005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 06005 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd
(c) Hospital or institution: Union Mem. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 705 E. 30th St, city (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Lee Peak

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife: Parent – Mrs E. F. Peak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1943

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William M Peak
13. Birthplace Kansas

MOTHER
14. Maiden Name Rollie Still
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd

18 (a) Funeral director Edwin W. Corbett & Son
(b) Address 1 E. Lanvale St

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 4:36 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943, to July 2 1943 and that I last saw h[illegible] alive on July 2 1943

Immediate cause of death: Respiratory Failure
Due to: congenital atelectasis
Due to:
Other Conditions: Prematurity
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 12 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Manbeck Jr. M. D.
Address Union Memorial/Hosp Date signed 7-2-43

06006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 06006
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3217 Westerwald Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Westerwald Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary T. Folan

3 (b) If veteran, name war None
3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife James Folan
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1880

8. AGE: Years 63 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Wilmington, Delaware (Town, county, and state)
10. Usual Occupation Home work at
11. Industry or business Home

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs Helen Stewart
(b) Address 3217 Westerwald Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1943 (month) (day) (year)
(c) Cemetery or crematory St Joseph Cemetery
Location on 13th & Hollingsworth Delaware

18 (a) Funeral director Edward W. Conkling Son
(b) Address 924 E. Eager St.

19 (a) JUL 5 1943 (Date rec'd by registrar) (b) Interment in Holy Rood Cemetery

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 19 . at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943, to July 1 1943 and that I last saw her alive on July 1 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Metastatic Cancer — Duration

Due to Cancer of Breast — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Ford Baker M. D.
Address Mercy Hospital Date signed July 4 1943

I certify that the above is a true and correct statement to the best of my knowledge and belief. Physician: please write the causes of death clearly and legibly.

VS 3

08007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06007 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 444 E. Cross Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick M. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name John P. Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McCurdy
15. Birthplace England

16 (a) Informant Miss Anna Ward
(b) Address 448 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director William H Mareck
(b) Address 715 Light St
(c) (Date rec'd by registrar) JUL 3 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1943, at 7:40 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 1 1943

VS 151

06008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 06008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Mc Culloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Mc Culloh St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Edmonia Fields

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1861

8. AGE: Years 82 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Rector Town, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mary Jackson
13. Birthplace Rector Town, Va.

MOTHER
14. Maiden Name Mary J. Jackson
15. Birthplace Rector Town, Va.

16 (a) Informant Georgianna H. Fields
(b) Address 2111 Mc Culloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1943 (month) (day) (year)
(c) Cemetery or crematory Chester, Pa.
Location

18 (a) Funeral director Mrs. Geo. A. Hoffland
(b) Address 1601 Druid Hill Ave.

19 JUL 3 - 1943 Hunter for Williams, M.D. Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1943, at 12:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to 6-29 1943, and that I last saw h[illegible] alive on 6-29 1943

Immediate cause of death
Cardiac Insufficiency
Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Butler M. D.
Address 832 Eutaw Pl. Date signed 7/2/43

VS 180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 06009 ✓ 186a G 06009

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2803 Garrison Blvd St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Kate May Burton 6-8

If U. S. Veteran specify WAR

(a) Residence: No. 2206 Roslyn ave St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elijah Burton

6. DATE OF BIRTH (month, day, year): Jan 18 - 1859

7. AGE: Years 84 | Months 5 | Days 14 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Amos Carlyle

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary J. Evans.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr. Clarence Burton

(Address): Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk. Date: 7/3/43 19

19. UNDERTAKER: Geo. L. Boyer Jr.

(Address): 1812 Hollins St.

FILED: JUL 5 1943

Hunter for Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1943

22. I HEREBY CERTIFY, That I attended deceased from March 14 1943 to July 1 1943

I last saw h alive on June 30 1943 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Decubitus (Bedsore)	
Sepsis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Acc Date of injury 3 1943

Where did injury occur? 2206 Roslyn ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home 15/8

Manner of injury slipped on bedroom

Nature of injury fractured femur, decub

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James N. Baumgartner M. D.

(Address) 721 McCulloh St.

Approved: Robert Lee Graham M.D.

08010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 08010

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N. Calmer St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 + 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Calmer St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1863

8. AGE: Years 79 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Howard Co. Md. (Town, county and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name David Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Cade
15. Birthplace Maryland

16 (a) Informant Sergt. Stall
(b) Address 14 N. Calmer St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Ed. A. Hyland
(b) Address 163 Druid Hill Ave

19 JUL 3 1943 (Date received by Registrar) (b) Registrar's No. 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/43, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1943 to 6/29 1943 and that I last saw h alive on 19

Immediate cause of death

Due to Rt lobar Pneumonia — Duration: Two days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Welcome
Address 113 Harlem Date signed 7/2/43

VS 150

6011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 06011 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore ~~(yrs.~~ mos. ~~days~~ 1½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4415 Forest View Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Frank

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22nd 1871

8. AGE: Years	Months	Days	If less than one day
71	11	11 10	hr. min.

9. Birthplace Germany (City, county, and state)
10. Usual Occupation Bakery Employee
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Ernest Frank
(b) Address 4415 Forest View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5th 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Joseph Emmert Home
(b) Address 7401 Belair Road

19 JUL 3 - 1943 Huntington Williams M.D. (Registered by number) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2 1943, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1943, to 7-2 1943 and that I last saw him alive on 7-2 1943

Immediate cause of death Uraemia — Duration

Due to Papillary Carcinoma of Bladder — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None 7-2-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [redacted]
Address Date signed 7/

VS 150

06012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 06012

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 Weldon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2067 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE MAY SPURRIER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Harry Richard Spurrier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	11	14		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Daniel Dwyer
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria MacGill
15. Birthplace Md.

16 (a) Informant Mr. Grant Spurrier
(b) Address 1100 Weldon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) JUL 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 1 1943 and that I last saw h[illegible] alive on 1943.

Immediate cause of death	Duration
Myocardial failure	
Due to Congestive Heart failure;	
Due to Chr. myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. S. Glassman M.D.
Address 4607 Fals Md. Date signed 7/2/43

VS 250

Physicians: please write the causes of death clearly and legibly. Information required is especially important. Be sure that every item is correct and complete.

06013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 06013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Walbrook Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 5 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Walbrook Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD GEESEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation Retired Watchman
11. Industry or business Balto. Transit

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Mildred Seppin
(b) Address 2923 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md

18 (a) Funeral director Leo J. Tickner & Son
(b) Address Lemmon & Penna Ave

JUL 3 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 1, 1943, at 2:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.
Date signed 6-2-43

VS 151

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

06014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864 Registered No. G 06014

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Belmont St
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 W 33rd & Kennard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Allen Claggett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Charles E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	11	17		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Turner,
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Todd
15. Birthplace Va.

16 (a) Informant Maria Louise A. Claggett
(b) Address 3415 University Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director John J. Tilbert & Son
(b) Address 1000 W Pennsylvania Ave

19 JUL 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary embolism

Due to Fracture of both tibiae and fibulae

Other Conditions Chronic arthritis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury July 17, 1943 at 13/7 M.
(b) Where did injury occur? Home for Incurables
(c) Did injury occur at home, on farm, industrial place, in public place) Infirmary While at work? No
(d) Means of injury Fell in bedroom

23. Signature Robert Lee Yeater M.D. Medical Examiner.
Date signed July 3rd 1943

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06015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. C 06015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3121 N. Calvert St.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Nannie A. Blake

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 7/18/43 1874

8. AGE: Years	Months	Days	If less than one day
68	11	14	-- hr. -- min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----------

FATHER
12. Name Joseph Blake
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Ellen Allnutt
15. Birthplace Calvert Co., Md

16 (a) Informant Mrs. Christine B. Mackall
(b) Address 3121 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or Crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. H. Mears & Son
(b) Address 805 N. Calvert St.

19 JUL 3 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 - 1941, to July 2 1943, and that I last saw her alive on July 1 - 19 43.

Immediate cause of death: Cardio Respiratory Failure — Duration: 1hr.
Due to: Hypertension — 2yrs.
Due to: Uterine Seizures — 2yrs.
Other Conditions (over)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warren M. D.
Address 2604 Garrison Blvd Date signed July 3 -43

C-06016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. C-06016

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St Joseph's Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 29 N. Lakewood. (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH ENRIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-43

8. AGE: Years | Months | Days | If less than one day hr. 20 min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John E. Enright
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Charlotte Gutty
15. Birthplace Balto. Md.

16 (a) Informant Mrs. E. Enright
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Eft

18 (a) Funeral director Leo B. Boone
(b) Address 1791-93 N Patterson Ave.

19 (a) July 3-1943 (b) Signature of local registrar Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1943, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1943, to 7/2 1943, and that I last saw him alive on 7/2 1943

Immediate cause of death: Prematurity (26 weeks gestation)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Ballina

Address St. Joseph's Date signed 7/3/43

VS 8

6017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C

G 06017 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4703 HALPRETT AVE.

(c) Hospital or institution:

PINE HEIGHTS NURSING HOME

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 MOS.

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 611 S. ELWOOD AVE. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME JAMES FREDERICK LAYTON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212 10 2223

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: BERTHA M. LAYTON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JULE 2 1881

8. AGE: Years 62 Months 1 Days 0 29 If less than one day hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: PUMPER

11. Industry or business: BALTO. COPPER WORKS

FATHER

12. Name: UNKNOWN

13. Birthplace: UNKNOWN

MOTHER

14. Maiden Name: UNKNOWN

15. Birthplace: UNKNOWN

16 (a) Informant: JAMES L. LAYTON (SON)

(b) Address: 8223 PHILA. ROAD ESSEX MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3/4 3 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE EXT.

18 (a) Funeral director Lillyard Giles INC

(b) Address 403 S. WOLFE ST.

19 JUL 3-1943 (Date rec'd by registrar) Huntington Williams, Jr. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 1 1943, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1943, to June 30 1943, and that I last saw him alive on June 30 1943.

Immediate cause of death	Duration
Chronic myocarditis (rheumatic)	2 yrs
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions Uremia (mild)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. V. Harbold M.D.

Address 4706 Harford Road Date signed 7/3/43

06018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

G 06018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Bateman Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) ~~City or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Bateman Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRIETTA DANNENBERG.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ August Dannenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1855

8. AGE: Years 88 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Abraham Weinberg,
13. Birthplace Germany.

MOTHER 14. Maiden Name Theresa Nachman,
15. Birthplace Germany.

16 (a) Informant Mr. Lee I. Hecht,
(b) Address 3402 Bateman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/43. (month) (day) (year)
(c) ~~Cemetery or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harid Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) JUL 3 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st. 1943, at 8.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1923. to 7-1-1943. and that I last saw h[illegible] alive on 7-1-1943.

Immediate cause of death: Cardio-Respiratory failure — Duration 24 hr.
Due to Intestinal Obstruction — 2 days.
Due to Uremia — 2 days.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Young H. Warner
Address 2604 Garrison Blvd Date signed 7-2-43

VS 8

G 06019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. G 06019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Jamesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Ann Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	C	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 - 9 - 38

8. AGE: Years	Months	Days	If less than one day: hr.	min.
4	11	23		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lee Randolph
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Spencer
15. Birthplace Md.

16 (a) Informant Records
(b) Address Johns Hopkins Hosp.

17 (a) 7-5-43 (b) Date thereof (Bur., cremation, or removal) (months) (days) (years)
(c) Cemetery or crematory
Location Hyattsville Md

18 (a) Funeral director W. L. Burdette
(b) Address

JUL 3 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 1 25 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia due to 3rd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May at 4 1943 M.
(b) Where did injury occur? Frederick, Md
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Burned

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed July 7 1943

VS 181

G 06020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 06020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 53 S. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 53 S. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Anzerewicz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph Anzerewicz
6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr 1862

8. AGE: Years	Months	Days	If less than one day hr	min
81				

9. Birthplace Poland (town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Alice M. Stevens
(b) Address 53 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto.

18 (a) Funeral director Charles F. Dill
(b) Address 1591 E. Fort Ave

19 (a) JUL 3 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1943, at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1943, to 7/2 1943, and that I last saw her alive on 7/1 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to Intussusception

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature D. Gerwin Langbein M.D.
Address 400 N. Payson St. Date signed 7/3/43

G 06021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06021 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 44th St & Keswick Rd.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 13
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 Dallam Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Thomas Rutledge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Ruth Ann Amos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1881

8. AGE: Years 62 | Months | Days 29 | If less than one day hr. min. 18

9. Birthplace Clairmont Mills, Harford Co., Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Nicholas Rutledge
13. Birthplace Madonna, Md.

MOTHER
14. Maiden Name Ruth Ann Amos
15. Birthplace Madonna, Md.

16 (a) Informant Home for Incurable Records
(b) Address 44th St & Keswick Rd (Baltimore)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1943 (month) (day) (year)
(c) Cemetery or crematory Slate Ridge
Location Delta, Pa.

18 (a) Funeral director Hubert P Hankins
(b) Address Delta Pa.

19 (a) JUL 4 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943, at 1.36 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1942 to July 4 1943, and that I last saw him alive on July 2 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 34 days
Due to Arteriosclerotic Cardiac Vascular Disease — 10 years
Due to
Other Conditions: Chronic Bronchitis / Emphysema — Many years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad W M D
Address 11 E. Chase St. Baltimore Md
Date signed 7/4/43

VS 3

Cr 06022 Furst

G 06022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3830 Cottage Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3830 Cottage Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

15-12

3 (a) FULL NAME Rebecca Schapiro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER 12. Name Aaron Furst

13. Birthplace Russia

MOTHER 14. Maiden Name Jechoved Nicholson

15. Birthplace Russia

16 (a) Informant Mrs Leon Rivkin

(b) Address 3830 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel Cemetery

Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

(a) — 1943 (b) Huntington Willis Registrar, M.D.

(Date filed by registrar)

VS 150

MEDICAL CERTIFICATION 7.30

20. DATE OF DEATH July 3, 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 2 1943, and that I last saw h[illegible] alive on July 2 1943.

Immediate cause of death

Acute Bronchopneumonia

Due to

Due to Chr Myocarditis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature A. H. Hornstein M. D.

Address 733 Eutaw St Date signed 7/4/43

Perfect age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

Registered No. G 06023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Dalchester (If outside city or town limits, write RURAL and give town)
(d) Street No. Thistle Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matt Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 31 1841
8. AGE: Years 45 | Months 11 | Days 2 | If less than one day hr min
9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Paper Maker
11. Industry or business Mantua Paper Co.

FATHER
12. Name Linden Cook.
13. Birthplace Kentucky

MOTHER
14. Maiden Name Betty Williams
15. Birthplace Kentucky

16 (a) Informant Jesse Cook.
(b) Address Dalchester Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Mem
Location Elk ridge

18 (a) Funeral director Williamson Bros.
(b) Address 1211 N. Eutaw St.

19 (a) JUL 4 1943 (b) Registered by Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 7.35 P.M.

21. I certify that I took charge of the remains described above, held an Amputation thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 2 1943, M.
(b) Where did injury occur? Mantua Paper Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial place While at work? Yes
(d) Means of injury Caught between rollers

23. Signature Robert L. Graham, M.D. Medical Examiner.
Date signed July 2d 1943

G 06024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06024 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N Enton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N Enton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gwynneth Adelle Joell

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1898

8. AGE: Years 45 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Ga (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Lovetti
13. Birthplace Ga

MOTHER 14. Maiden Name Unknown
15. Birthplace Ga

16 (a) Informant John J Joell
(b) Address 140 N Enton St

17. (a) Burial (b) Date thereof 7/5/43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cathedral
Location Baltimore Md

18 (a) Funeral director Pellhom & Sons
(b) Address 1217 E Fayette St

19. 7-6-1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to 7/3 1943, and that I last saw alive on 7/2 1943.

Immediate cause of death Cancer of Rectum — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/9

Major findings of operation: Cancer of rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Culverhouse M.D.

Address 1901 Eutaw Date signed 7/3/43

VS 180

G 06025

Mr Howell 715 Fulton Ave 6 06025 35 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Catonsville Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5313 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Virginia Foy.

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas T.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 6 1869

8. AGE: Years 74 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace Catonsville Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George W. Monk

13. Birthplace Md

MOTHER 14. Maiden Name Mary Glanville

15. Birthplace Md

16 (a) Informant Thomas M Foy

(b) Address 14 Bonnie Ave Catonsville Md

17. Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)

(c) Cemetery or crematory London Park Md

Location Baltimore Md

18 (a) Funeral director Milhorn & Son

(b) Address 1214 E Lombard St Baltimore Md

19. JUL 4 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to July 3 1943, and that I last saw her alive on July 3 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Bilateral Arteriosclerosis — 1½ yrs.

Due to: Sclerosis

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Howell M.D.

Address Catonsville Md Date signed 7-5-43

VS 180

G 06026 Sundin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 460

G 06026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Caroline
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2.1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2932 E. Balto. St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Sundin Sundin

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Wid

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1862

8. AGE: Years 80 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Europe (Town, county, and state) Sweden

10. Usual Occupation Seaman - Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs E. Covey
(b) Address 2932 E Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Pk.
Location Parkville

18 (a) Funeral director William Cook Inc
(b) Address 121 W Huntington Ave

JUL 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943, at 5:15 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 3 1943, and that I last saw h alive on July 3 1943.

Immediate cause of death: Heart failure
Due to: H. C. V. D
Due to:
Other Conditions: Ca. of esophagus

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Ca of esophagus

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fusting
Address St. Joseph's Hosp Date signed 7-3-43

VS 3

G 06027 ✓ G 06027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 97 Agnes Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Colborne Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Steinacher

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Wid

6 (b) Name of husband or wife Edward. W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15 1863

8. AGE: Years	Months	Days	If less than one day
80	3	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Adam Timm
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Weber
15. Birthplace Md.

16 (a) Informant Harold E. Steinacher
(b) Address 3704 Colborne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 5 (day) 43 (year)
(c) Cemetery or crematory Loudon Park
Location Lot 43

18 (a) Funeral director William Lorsch
(b) Address 21 E. Lund St.

JUL 4 1943 (b) Huntington Williams, M.D.
(Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1942 to July 2 1943, and that I last saw her alive on July 2 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Essential Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Rosberg

Address St. Agnes Hosp. Date signed 7/2/43

G 06028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 06028 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Kenyon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida Moore

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Arthur C. Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1881

8. AGE: Years 61 | Months 11 | Days 20 | If less than one day: hr. 10 min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jedicial Taylor
13. Birthplace Ala.

MOTHER
14. Maiden Name Frances Ann Sedbeth
15. Birthplace Georgia

16 (a) Informant Husband
(b) Address 3217 Kenyon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville.

18 (a) Funeral director William Cook Inc.
(b) Address 1211 St Paul Street

19 (a) (Date received by registrar) (Signature of registrar) Huntington Williams M.D. Registrar

JUL 4 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on July 2 1943.

Immediate cause of death Hypertension C.V.D. Duration
Due to - Dehydration Pneumonia
Due to Carcinoma with multiple metastases to
Other Conditions abdominal viscera

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. J. McGinnis
Address Md. Gen. Hosp. Date signed 7-6-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 4036872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G 06029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston Apts (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Reese Cassard

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Antoinette M.
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 4-10-75

8. AGE: Years	Months	Days	If less than one day
68	2	23	12 hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation SALESMAN (retired)
11. Industry or business

FATHER
12. Name Jesse Cassard
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Reese
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore City

18 (a) Funeral director H. Stewart & Monument Company
(b) Address 108-10 North Avenue

19 (a) 7-1-1943 (Date rec'd by Registrar) (b) Harrington Williams M.D. (Signature of Registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943, to July 2 1943, and that I last saw him alive on July 2 1943.

Immediate cause of death: Heart failure — Duration: at least 10 min.
Due to: hypertensive cardio-vascular disease
Due to: hemiplegia, R.
Ca of bladder
Other Conditions: Bladder calculi
(Include pregnancy within 3 months of death)
Date of operation June 30, 1943
Major findings of operation: Bladder Carcinoma & calculi
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw J Richards M.D.
Address [illegible] Date signed 7/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06030
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3730 GOUGH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 GOUGH ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABET AGNES HERZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ALBERT HERZ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 2 1090

8. AGE: Years	Months	Days	If less than one day: hr.	min.
34	5	0		

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JAMES P. CONNELLY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ANNA E. WOLFE
15. Birthplace BALTO. MD.

16 (a) Informant ANNA CONNELLY (MOTHER)
(b) Address 3730 GOUGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 5/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Feiler INC
(b) Address 403 S. WOLFE ST.

19 (a) (Signature of registrar) (b)

JUL 4 1943

Huntington Williams MD

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JULY 2 1943 at 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26. 1943. to July 2. 1943. and that I last saw her alive on July 1. 1943.

Immediate cause of death	Duration
Carcinoma (Breast)	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene P. Lawrence M. D.
Address 514 Druid Lane Date signed July 3, 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06031 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 Denison st
(c) Hospital or institution: Crantford Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 W Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche L Webes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Raymond Webes

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1889

8. AGE: Years 53 | Months 52 | Days 8 | If less than one day hr. min. 29

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Joseph Hayden

13. Birthplace Md

14. Maiden name Martha Gaughan

15. Birthplace Md

16 (a) Informant Raymond Webes

(b) Address 1823 W Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Balto Md

18 (a) Funeral director George A Fuhrman

(b) Address Fulton & Fayette

19 (a) (Date received by local registrar) (Signature of registrar) Huntington Williams, M.D.

JUL 4 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 0530 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to July 2 1943, and that I last saw h alive on July 1 1943.

Immediate cause of death: Dilated atrio ventricular arteriosclerotic myocarditis intermediate hypertension

Duration: 2 yrs

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Schreiber M. D.

Address 54 S. Fulton Ave Date signed 7-2-43

G 06032 ✓ G 06032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 W. Ostend St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. Ostend St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John C. Flock

3 (b) If veteran, name war no

3 (c) Social Security Account No. 218-07-6827

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louisa Flock

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1867

8. AGE: Years 76 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Annapolis Md (Town, county and state)

10. Usual Occupation Shoemaker

11. Industry or business M. Hess & Sons Co

MOTHER / FATHER

12. Name John G. Flock

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Louisa Flock

(b) Address 1115 W. Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6. 1943 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3801 Frederick Ave

18 (a) Funeral director Mr. & Mrs. John W. Tenfelder

(b) Address 801 W. Fayette St.

19 (a) Date received by registrar JUL 4 1943 Huntington Williams, M.D.

FB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939. to July 3 1943. and that I last saw him alive on July 3 1943

Immediate cause of death Bleeding ulceration

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morley Stone M. D.

Address 729 Wash. Blvd Date signed July 3/43

For D.M.L. Graham

Above by Howard J. Malkus, M.D.

G 06033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 06033 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dudley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Christopher
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Coulter
15. Birthplace Baltimore

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Bela Wiedefeld
(b) Address 914 Cathedral St.

19 (a) July 4 1943 (Date Rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 10 a m

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943, to July 2 1943, and that I last saw him alive on July 1 1943.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic myocarditis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed July 4 43

VS 180

G 06034

G 06034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 528

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 E. 41st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 808 E. 41st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barron L. Mowring

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret.

6 (c) If wife, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 12-1890

8. AGE: Years 53 | Months - | Days 24 | If less than one day hr. 20 min.

9. Birthplace Balto. Md. (Town, county, and State)

10. Usual Occupation Farmer Jumper

11. Industry or business himself

FATHER
12. Name Wm L. Mowring
13. Birthplace Va.

MOTHER
14. Maiden Name Sue Thurston
15. Birthplace Va.

16 (a) Informant Margaret. Mowring
(b) Address 808 E. 41st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Taylor Ave

18 (a) Funeral director John. C. Morgan
(b) Address Belmont & 42nd St

JUL 4 1943 (b) Registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1940 to July 2 1943 and that I last saw h alive on July 2 1943

Immediate cause of death Carcinoma of Bladder — Duration 4yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Dampier M.D.
Address 4808 Harford Rd. Date signed 7/3/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

G 06035 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs 37 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Mt. Elderry Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JULIA Mc CURDY

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Millard
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Jan. 10 1873

8. AGE: Years	Months	Days	If less than one day
70	5	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unk. Knox
13. Birthplace Germany

MOTHER
14. Maiden Name Unk. Motz
15. Birthplace Germany

16 (a) Informant Millard E. Mc Curdy
(b) Address 2928 Mc Elderry Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location Taylor Ave.
18 (a) Funeral director John A. Hodgen
(b) Address 3000 E. Balto. St.
19 (a) Filed July 6 1943 (Date filed by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1943 at 6:37 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12 PM 7-1- 1943 to 6:37 P.M. 1943, and that I last saw her alive on 7-1- 1943

Immediate cause of death Right cerebral hemorrhage — Duration 7 hrs.
Due to Hypertension — many years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. B. Ballweber
Address St. Joseph's Hosp. Date signed 7/1/43 M.D.

Approved by: Robert Lee Faithorn M.D.

VS 3

G 06036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06036 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Reynes Av.
(c) Hospital or institution: West Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Golner (GOLANER)

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-9150

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Chaim Golner
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto & Gorsuch Sts.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St.

19 (a) 7-4-1943 (b) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 2 1943, and that I last saw him alive on July 2 1943.

Immediate cause of death: Stokes-Adams Syndrome — Duration

Due to Heart Block

Due to Art. Sclerosis

Other Conditions Auricular fibrillation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. Kendall

Address W. Balto. Gen'l Date signed 7/2/43.

JUL 4 1943

VS 150

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 06037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06037 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myer Rigatsin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Jeane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Jack Darwin
(b) Address 1564 N Fulton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-43 (month) (day) (year)
(c) Cemetery or crematory Adas Israel
Location North Pt. & Germantown Rds.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St.

19 JUL 4 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 5-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1943 to July 4 1943 and that I last saw him alive on July 3 1943.

Immediate cause of death Cerebral haemorrhage
Arterio-sclerosis, Hypertension

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Kern M.D.
Address Lutherdale Date signed 7/6/43

G 06038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 06038 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Hebrew Home for Aged

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3722 Old Fox. La. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Jennie Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Mark
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel
15. Birthplace Russia

16 (a) Informant Wm Robinson
(b) Address 3406 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-43 (month) (day) (year)
(c) Cemetery or crematory Beth Israel
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1434 E Balto St

19 (a) (Date received by registrar) Huntington Williams Mgr

JUL 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 7:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from May 20 1943 to July 3 1943 and that I last saw h[illegible] alive on July 3 1943.

Immediate cause of death Bronchopneumonia
Chr. card. vascular disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin
Address Levindale Date signed 7/3/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G 05039 G 06039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Abingdon
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard K. McComas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Anna M. McComas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	10	22	7	

9. Birthplace Abingdon, Md. (Town, county, and state)
10. Usual Occupation Funeral Director
11. Industry or business

FATHER
12. Name William A. McComas
13. Birthplace Maryland

MOTHER
14. Maiden Name Lana A. McGonigall
15. Birthplace Maryland

16 (a) Informant H. K. McComas, Jr.
(b) Address Abingdon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Abingdon Methodist
Location Abingdon, Md.

18 (a) Funeral director Roland E. Fraley
(b) Address 5005 Park Heights Ave.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

JUL 6 — 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 2 1943, and that I last saw h[illegible] alive on 7-2 1943.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 7-4-43

SM

G 06040

82282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06040

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2655 Hafer St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Ethel Dietz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julius Dietz

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1898

8. AGE: Years 45 | Months 5 4 | Days 29 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Clara Scarbrough
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Nat. Cem.
Location Frederick Rd.

18 (a) Funeral director John Conway & Son
(b) Address 901 Madison St.

19 (a) 7-1-1943 (b) Huntington Williams, M.D.
(Date received by Registrar) (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1943, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1943, to 7/1 1943, and that I last saw h[illegible] alive on 7/1 1943.

Immediate cause of death [illegible]

Due to [illegible]

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 7-6

G 06041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G 06041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Dupont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL FOGARTY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1936

8. AGE: Years 6 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond C. Fogerty
13. Birthplace BALTO.

MOTHER
14. Maiden Name CATHERINE DUDLY
15. Birthplace BALTO.

16 (a) Informant RAYMOND C. FOGARTY
(b) Address 3317 DUPONT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 PARK HEIGHTS

19 (a) JUL 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at 1 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Burns, 2nd degree, lower half of body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 27/16 M.
(a) Date of injury 6-30-43 at 4 P.M.
(b) Where did injury occur? near 3336 Virginia
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury clothing caught fire

23. Signature T. J. Wollaneber M.D. Medical Examiner.
Date signed 6-2-43

from doctors wife

VS 181

G 06042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 06042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 Spring Ct.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 Spring Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry W. Brady

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-01-9621

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Maggie Brady
6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
57	9	21		

9. Birthplace Annapolis Co., Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard Brady
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Maggie Brady
(b) Address 239 Spring Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/43 (month) (day) (year)
(c) Cemetery or crematory
Location Marley Neck, A.A. Co. Md

18 (a) Funeral director Ethoy Wilson
(b) Address 1000 Brant Lay Ave

19 (a) (Date received by registrar) (b) Registrar
JUL 4 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 1 1943, and that I last saw him alive on June 30 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Adams M. D.
Address Date signed

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SM 82074 G 06043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G 06043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution 4940 Eastern Ave.
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 3 Md. Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 321 Biddle (If no No. give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Jessie Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1903

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	11	20		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business Construction

FATHER
12. Name Edward Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Franklin
15. Birthplace Va.

16 (a) Informant
(b) Address Baltimore City Hospitals (Records)

17 (a) Burial (b) Date thereof 7/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Ebony Wilson
(b) Address 1000 B Pennsylvania Ave
JUL 4 1943 Washington D.C.
(Date received by registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1943, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943, to 6-30 1943, and that I last saw him alive on 6-30 1943

Immediate cause of death

	Duration
Carcinomatosis of Liver	
Due to origin unknown	1 yr?
Due to Intussusception of Appendix	
Other Conditions contributory but probably not related	1-2 mo

(Include pregnancy within 3 months of death)

Date of operation 6-14-43
Major findings of operations: Biopsy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb M. D.
Address Balto City Hosp Date signed 7-1-43

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Accept age is especially important.

T. G 06044 81079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 06044

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anton Riedel

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1865

8. AGE: Years 78 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Riedel
13. Birthplace Austria

MOTHER
14. Maiden Name Frances ?
15. Birthplace Austria

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. **Location** Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19. JUL 5 - 1943 (Date received by registrar) Thurlington Williams M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1943, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 7/4 1943, and that I last saw him alive on 7/4 1943.

	Duration
Immediate cause of death: Cardiac failure	1 day
Due to: Arteriosclerotic cardio-vascular disease	3 yr.
Due to:	
Other Conditions: Prostatitis	3 d.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Jorgiman M. D.
Address Balto. City Hosp. Date signed 7/4/43

G 06045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06045 Registered No. 1142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baltimore~~ Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Eden Terrace Catonsville, Md 11 Forest Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mr Carl Warner Prior (Carl Werner Prior)

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mrs Carl W Prior (Marga A. Prior) 6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	9	25		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Mr Edward A. Prior
13. Birthplace Germany

MOTHER
14. Maiden Name Henriette Detmering
15. Birthplace Wisconsin

16 (a) Informant Mrs Carl W. Prior
(b) Address Eden Terrace Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 5 1943

19 (a) Washington Williams M.D. Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943, to July 2 1943, and that I last saw him alive on July 2 1943.

Immediate cause of death Cardio - Respiratory failure — Duration: 35 days

Due to Lung abscess — Duration: 7

Due to ~~Parasitic~~ ~~due to abscess of gums~~

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Neubert Jr. M. D.
Address Union Memorial Hosp. Date signed 7-1-43

G 06046 ✓ G 06046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3 (a) FULL NAME ALETA ELMORE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife Thomas S. Elmore
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 19, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	13	..... hr. ..... min.

9. Birthplace Astig, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Duncan
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mr. Thomas S. Elmore
(b) Address 1309 Poplar Grove

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 5 1943
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION P

20. DATE OF DEATH July 2, 1943, at 6:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943, to July 2 1943, and that I last saw her alive on July 2 1943

Immediate cause of death

Chronic Cardio Ves.,
Due to Ducane

Due to .....

Other Conditions Arteriosclerosis,

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Ernest H. Kahn
Address 1736 Poplar Gr Ave Date signed 7/3/43

Registrar's signature: Lexington Williams, M.D.

G 06047

G 06047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. _____

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2102 Rosedale St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2102 Rosedale St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPHINE TURNBULL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Principal

11. Industry or business Department Edu., Balto. Md.

FATHER
12. Name John Thomas Turnbull
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Ellen Cromwell
15. Birthplace Howard Co., Md.

16 (a) Informant Mr. Albert H. Turnbull
(b) Address 2102 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (a) 7-5-1943 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1943, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943. to July 3 1943. and that I last saw h alive on July 2 1943.

Immediate cause of death Carcinoma of left breast

Due to

Due to

Other Conditions General Metastasis

(Include pregnancy within 3 months of death)

Date of operation July 1939

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas Speed M. D.

Address 1216 Med-Art Bldg Date signed July 3/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 06048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 06048

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1932 E.31st St.

(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1932 E.31st St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie E.H.Finck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John F.Finck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10 1866

8. AGE: Years	Months	Days	If less than one day
76	10	24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name George Ruppel

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant George E.Finck

(b) Address 1319 Southview Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1943 (month) (day) (year)

(c) Cemetery or crematory Emanuel Luthern

Location Baltimore Md

18 (a) Funeral director Nancy K. Amacost

(b) Address 4204 Ridgewood Ave

(c) (Date received by Registrar) JUL 5 - 1943 (d) Registered by Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943 at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1943 to July 4, 1943 and that I last saw h alive on July 4, 1943

Immediate cause of death Heart block — Duration days

Due to Arteriosclerotic Cardio-renal disease — Duration Unknown

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Robt B. Sybert M. D.

Address 2807 Harford Rd Date signed 7-5-43

G 06049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3530 Esther Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mannion

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-41

8. AGE: Years	Months	Days	If less than one day
1	196	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mannion
13. Birthplace Italy

MOTHER
14. Maiden Name Margaret McKee
15. Birthplace Baltimore

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Loop

18 (a) Funeral director Hillcrest Funeral Home
(b) Address 2004 E. Arlington Ave.

19 Jul 5 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION 43

20. DATE OF DEATH July 3 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1943 to July 3 1943 and that I last saw her alive on July 3 1943

Immediate cause of death: Resp. Heart Collapse — Duration: 1 Day
Due to: Meningococcemia
Due to: Adrenal Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley L. Blumenthal M.D.
Address Johns Hopkins Date signed 7/4/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06050 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastland & Trusa
(c) Hospital or institution: Maternity
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. R Broadshop (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joanne Hetrick

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-18-8464

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1926

8. AGE: Years	Months	Days	If less than one day: hr.	min.
16	10	26		

9. Birthplace Dundalk Md. (Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Dr. Packing Co.

FATHER
12. Name Fred Hetrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Olan Mitchell
15. Birthplace Penna.

16 (a) Informant Fred Hetrick
(b) Address R Broadshop

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2021 Orleans St.
(c) Huntington Williams, M.D. Registrar

JUL 5 — 1943 (Date filed by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 7:22 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 3 1943 and that I last saw her alive on July 3 1943.

Immediate cause of death	Duration
Pulmonary edema	
Due to Toxic purpura	6 hr.
Due to Meningococcemia	18 hr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Extensive hemorrhages in skin

of autopsy: skin and adrenals

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.

Address University Hospital Date signed 7/3/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 06051
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 N. North Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leila Mongolda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Maith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Miss Elsie Murphy
(b) Address 1218 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 S. Charles St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1943, at 9:00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to natural death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial degeneration.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 6/30/43.

G 06052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Louis Eabach
13. Birthplace: Germany

MOTHER
14. Maiden Name: Clemintine Courtis
15. Birthplace: France

16 (a) Informant: Little Sisters of the Poor
(b) Address: 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1943 (month) (day) (year)
(c) Cemetery or crematory: Family Cem.
Location: Allegheny County

18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City

19 Filed July 6 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 4 1943, and that I last saw her alive on July 3 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to: Arteriosclerosis — 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E Gill Hall M. D.
Address: 1631 E North Ave Date signed 7/5/43

VS 180

G 06053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 06053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Broadway
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Eden Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL COOPER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	none	Male	Colored	M

6 (b) Name of husband or wife Dora Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	11	19		

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jerry Cooper
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace

16 (a) Informant Dora Cooper
(b) Address 622 N. Spring St.

17 (a) Burial (b) Date thereof 7/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brunton Ave.

19 (a) JUL 6 - 1943 Livingston Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1943, at 9:25 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. Z. Wallenmeier M.D.
Medical Examiner.
Date signed 6-7-43

VS 181

06054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 06054
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 N Helton Rd
(c) Hospital or institution Shriner's Orthopedic Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 N Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude B. Bradley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Odessa A Bradley
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug 17- 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	10	17		

9. Birthplace Fulton Township Lancaster Co Pa
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name David H Neff
13. Birthplace Lancaster Co Pa

MOTHER
14. Maiden Name Alice Moore
15. Birthplace Maryland

16 (a) Informant Odessa A Bradley
(b) Address 1321 N Montford
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (month) (day) (year)
(c) Cemetery or crematory Little Britain
Location Little Britain - Lancaster Co
18 (a) Funeral director John C Milly Son
(b) Address 2428 E Oliver St
19 JUL 6 - 1943 (Date rec'd by registrar) Huntington Williams Mort Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943 at 1:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1943 to July 4 1943 and that I last saw h alive on July 3 1943

Immediate cause of death
Cerebral Hemorrhage
Broncho Pneumonia
Due to Arterio Sclerosis
Hypertension
Due to Chronic Interstitial Nephritis

Duration
3 days
2 d.
1 yr
1 yr
14

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature G F A Stevens
Address 2918 Harford Rd Date signed 7-7-43 M. D.

VS 186

G 06055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06055 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N. Robinson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N. Robinson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha B. Busse

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Busse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 - 1867

8. AGE: Years	Months	Days	If less than one day
75	9	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Fritz Busse
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Catherine Blattenberger
(b) Address 423 N Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Mem
Location Balto. Md

18 (a) Funeral director Wm. F. Mulligan
(b) Address 2435 E. Oliver St

19 (a) JUL 6 - 1943 (Date received by registrar) Huntington Williams M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 4 - 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1943 to July 4 1943 and that I last saw h alive on July 2 1943.

Immediate cause of death	Duration
Myocarditis -	1943
Arteriosclerosis	1943
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham J. Bleckman M. D.
Address 3505 Falls Date signed July 5/43

Abraham Bleckman

06056

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 06056

CERTIFICATE OF DEATH 46B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Fisher

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	2	20		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Fisher
13. Birthplace Russia

MOTHER
14. Maiden Name Fanny ?
15. Birthplace Russia

16 (a) Informant Mrs. Charles Fisher (Son)
(b) Address 1020 Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Rima Israel Cem
Location Greenhill Rima Bogs Co

18 (a) Funeral director B Rosenthal
(b) Address 2501-15th St N.W.

19 (a) JUL 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943, to July 5 1943, and that I last saw h[illegible] alive on July 5 1943.

Immediate cause of death: Coronary occlusion — Duration 5 min.
Due to
Due to
Other Conditions Carcinoma of stomach — 3 mos.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Carcinoma of stomach & metastases
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hasenson M. D.
Address Church Home + Hospital Date signed 7-5-43

06057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G 06057
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 N. Caroline Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Braxton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	W

6 (b) Name of husband or wife Mary Braxton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1886

8. AGE: Years	Months	Days	If less than one day
57	1	19	hr. min.

9. Birthplace Greenville, N.C.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Braxton
13. Birthplace N.C.

MOTHER
14. Maiden Name Hester
15. Birthplace N.C.

16 (a) Informant Mary Braxton
(b) Address 16 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (Month) (Day) (Year)

(c) Cemetery or crematory
Location Greenville, N.C.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastern Ave

19 (a) JUL 6 - 1943 Huntington Williams
(Date rec'd by registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1943, at 9 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 7-4-43

06058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$2 ✓

G-06058 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hos
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1
(e) Length of stay in Baltimore (yrs., mos., or days) 2 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N. Franklin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lila May Hall

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 - 1907

8. AGE: Years 35 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Columbia S.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Aytero
13. Birthplace S. C.

MOTHER
14. Maiden Name Sarah Foos
15. Birthplace S. C.

16 (a) Informant Sarah Young
(b) Address 1709 N. Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-43 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Baltimore Md

18 (a) Funeral director Chas. H. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) [illegible] (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943, to July 3 1943, and that I last saw h[illegible] alive on July 3 1943.

Immediate cause of death Cardiac failure
Due to acute Transverse myelitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin H. Hampson
Address University Hospital Date signed M 7 D 31/43

M. D. B. 1268-0

06059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G 06059

CERTIFICATE OF DEATH 1578

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 N. Fulton Ave. St. Ward 37)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Walling

(a) Residence: No. 2221 N. Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 - 1943

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Thomas L. Walling

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Doris Booker

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Walling

(Address) 2221 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Haven Cem. Co. Date July 6th 1943

19. UNDERTAKER William Cook Inc.

(Address) 1217 St. Paul St.

20. FILED JUL 6 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 - 1943

22. I HEREBY CERTIFY, That I attended deceased from July 5 - 1943 to July 5 - 1943

I last saw him alive on July 5 1943 Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	
Heart	
Right Pulmonary	
Artery	
Other contributory causes of importance: Atelectasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Mullan M. D.

(Address) 2757 W. Mori's Rd

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

06060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 183

G 06060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S. Carolina (b) County
(c) City or town Lillevan Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. Seamon - S. S. Garrett & Sons Bldg. Dock
Baltimore (Location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Morrison

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed or~~ divorced.
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Evelyn Bosier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1908

8. AGE: Years	Months	Days	If less than one day
35	0	8	hr. min.

9. Birthplace Brookway Pa
(Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business S. S. Garrett Hulings

FATHER
12. Name Francis M. Morrison
13. Birthplace Brookway Pa.

MOTHER
14. Maiden Name Eliza V. Breckholts
15. Birthplace Alkens Mills Pa.

Undertaker George Van Aken
16 (a) Informant
(b) Address Brookway Pa.

17 (a) Removal (b) Date thereof July 6th 1943
(~~Burial, cremation~~ or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Beechwood
Location Brookway Pa.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 JUL 6 - 1943 (b) Huntington Williamsport Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1943 at 5:50 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 2-3
(a) Date of injury June 29 1943 at 4:30 A. M.
(b) Where did injury occur? On Steamship Garrett
(c) Did injury occur at home, on farm, industrial place, in public place? Public Highway (Specify) While at work? Yes.
(d) Means of injury Slipped between boat & wharf.

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-29-43

06061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 S. CHARLES ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 S CHARLES ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES M. MAGRUDER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife MARGARET M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 6 - 188[illegible]

8. AGE: Years 62 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation CHAUFER.

11. Industry or business

FATHER 12. Name JOHN MAGRUDER

13. Birthplace NOT KNOWN

MOTHER 14. Maiden Name NOT KNOWN

15. Birthplace NOT KNOWN

16 (a) Informant CHARLES B MAGRUDER

(b) Address 1727 S CHARLES ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY. 7-4 (month) (day) (year)

(c) Cemetery or crematory HOLY CROSS CEM

Location A. A. Co.

18 (a) Funeral director Bernard C Hanke

(b) Address 121 E West St

19 JUL 6 1943 Washington Ave Md

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 4 1943, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21/1936 to 7/4/43 19 . and that I last saw h im alive on 7/4/ 1943.

Immediate cause of death	Duration
1 Hypertensive cardio vascular disease	7 yrs. 7 mos.
Due to	
Due to	
Other Conditions Chronic bronchiti[illegible]	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deitel

Address 1226 Hanover St. Date signed M. D. 7/5/43

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G 06062

06062

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 N Bond St
(c) Hospital or institution:

8 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 N Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Eckhardt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	married

6 (b) Name of husband or wife Bernard F.
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 30 1841

8. AGE: Years	Months	Days	If less than one day
51	11	3	hr. / min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name August F. Hefner
13. Birthplace Md.

MOTHER
14. Maiden Name Anna M. Clay
15. Birthplace Md

16 (a) Informant Bernard F. Eckhardt
(b) Address 1617 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Mudt
(b) Address 2305 Harford Rd

19 (a) JUL 6 1943 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1941 to 7-3 1943, and that I last saw h alive on 7-3 1943.

Immediate cause of death Leiomyoma of Breast

Due to Bronchopneumonia Spont. Cert.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 30-1941

Major findings of operation: Leiomyoma

of autopsy:

Duration
3 Years
6 Mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Cook
Address 2520 E Baltimore Date signed 7/4/43

G 06063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

Registered No. G 06063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Lake Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Winkler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary E. Winkler
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 22-1863

8. AGE: Years	Months	Days	If less than one day
79	9	10	hr. min.

9. Birthplace Balt. Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Winkler
13. Birthplace Germany

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Mary E Winkler
(b) Address 2836 Lake Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Mealy
(b) Address 2103 Maryland Ave.

JUL 6 – 1943 (c) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 7 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1943 to 7/2 1943, and that I last saw h alive on 7/2 1943.

Immediate cause of death (a) Pulmonary edema
attend subsid Bart disease

Due to

Due to

Other Conditions Benign Prostatic hypertrophy & anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Williams
Address Md. Gen. Hosp Date signed 7/2/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 06064

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 Mosher St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Mosher St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Noble Stockett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Florence Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1857

8. AGE: Years	Months	Days	If less than one day
85	7	3	hr. min.

9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Charles W. Stockett
13. Birthplace Anne Arundel Co., Md.

MOTHER
14. Maiden Name Maria E. Duvall
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant Miss Letitia Stockett
(b) Address 215 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location North & Greenmount Aves., Balto

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1000 Eutaw Place

19 (a) JUL 6 1943 (Date rec'd by registrar) Edwington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 12 ~~M~~ PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to July 3 1943 and that I last saw h[illegible] alive on July 3 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 30 Min.
Due to Arterio Sclerosis — Gradual
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Leedy
Address 1403 Park Ave. Date signed 7/5/43

VS 180

Please see that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Woodlea Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES F. STAUBITZ

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sophia Flora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1882

8. AGE: Years	Months	Days	If less than one day
61	-	19	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Andrew Staubitz
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Mary E. Grimes
15. Birthplace Md.

16 (a) Informant Mrs. Charles T. Staubitz
(b) Address 4107 Woodlea Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (month) (day) (year)
(c) Cemetery or crematory Maryland Mem. Assn.
Location Parkville

18 (a) Funeral director Wm. J. Tuckman & Son
(b) Address 4 N. Howard St.

19 (a) JUL 6 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 2:45 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertension
Cardiovascular disease

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Deputy Medical Examiner.
Date signed 7-5-43

VS 181

G 06066 × ✓ G 06066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Fork (If outside city or town limits, write RURAL and give town)
(d) Street No. Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAWRENCE Elmer ELLIOTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 8 1942

8. AGE: Years	Months	Days	If less than one day
40 ~~YEARS~~	7	27	hr. min

9. Birthplace Phila., Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John R. Elliott
13. Birthplace Va.

MOTHER
14. Maiden Name Lydia J. Magness
15. Birthplace Harford, Co., Md.

16 (a) Informant Mr. John Elliott,
(b) Address Joppa, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery or crematory Fork Christian
Location Fork, Md.

18 (a) Funeral director C.E. Arthur
(b) Address Fork, Md.

19 (a) JUL 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 2 45 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Crushing of chest

Due to

Other Conditions NO

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-5-43 at 11:30 P. M.
(b) Where did injury occur? Harford Rd 1 mi S of Parkville (Specify city or county)
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? —
(d) Means of injury pedestrian struck by auto

23. Signature H. L. Wollamuchen M.D. Medical Examiner.
Date signed 7-5-43

Coroner

VS 181

6067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G 06067
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5201 Greenhill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5201 Greenhill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE P. WILLIS

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Henry H.
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan. 22, 1860
8. AGE: Years: 83 Months: 5 Days: 11 If less than one day: hr. min.
9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: William P. Dickerson
13. Birthplace: Md.

MOTHER
14. Maiden Name: unknown
15. Birthplace: "

16 (a) Informant: Mrs. Lillian Williams
(b) Address: 5201 Greenhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 JUL 6 1943 Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1943, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1941 to July 3 1943, and that I last saw her alive on July 3 1943.

Immediate cause of death: Myocard Arteriosclerosis
Due to Pulmonary Edema
Due to Bronchopneumonia
Due to Senility & Age.
Other Conditions

Duration: 3 mo. 1 hr. 10 min.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. Huntington Williams M.D.
Address: 156 W. Madison St.
Date signed: 7/6/43

06068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 48B

G 06068 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Gorsuch Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SOPHIA LLOYD

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edwin T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1880

8. AGE: Years	Months	Days	If less than one day
62	10	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Martin Schaefer
13. Birthplace Prussia, Germany

MOTHER
14. Maiden Name Mary Wicklein
15. Birthplace Balto., Md.

16 (a) Informant Mr. Edwin T. Lloyd
(b) Address 913 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH July 3, 1943, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1943 to July 3 1943, and that I last saw h[illegible] alive on July 3 1943.

Immediate cause of death Carcinoma uteri — Duration 1-2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Inadequate, therapy only.

of autopsy?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. D. Lofty M. D.
Address 17 W. Pat[illegible] Pl. Date signed 7/5/43

06069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 06069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 Parrish alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WATTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race m

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Ward Yerby
(b) Address 1110 Edmondson Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Nelson
(b) Address 1202 Pennsylvania Ave

19 (a) JUL 6 - 1943 (Date Rec'd by registrar) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1943 at 10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. T. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-5-43

06070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06070 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1857 N. Stockton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Francis Stewart Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	w	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1942

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene F. Stewart sr.
13. Birthplace md

MOTHER
14. Maiden Name Mary Woodley
15. Birthplace md

16 (a) Informant Eugene F Stewart
(b) Address 1357 N. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory St Peters cem
Location md

18 (a) Funeral director George B. Nelson
(b) Address 1302 Pennsylvania Ave

19 JUL 6 - 1943 Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3-1943 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1943 to 7-3 1943, and that I last saw b-- alive on 7-3 1943.

Immediate cause of death
Congenital Atelectasis
Prematurity
Due to Loss in Mother (Prolonged Dry Labor - 2nd)
Due to Twin

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J W Baetz
Address 2033 Eutaw Place Date signed 7/6/43 M. D.

VS 3

6071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06071

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Rosedale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Rosedale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL FALLIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1015

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced M.

6 (b) Name of husband or wife Edna Fallon

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug-17-1884

8. AGE: Years 59 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Poole Island - Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Sea Food

FATHER
12. Name Samuel Fallon
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Webster
15. Birthplace Deale Island, Md.

16 (a) Informant Mrs. Edna E. Fallin
(b) Address 1526 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month, day)
(c) Cemetery or crematory Western Cem.
Location Balto. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave Huntington Hilltop, Md

19. JUL 6 1943 (Date filed) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 2:50 a.m.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive cardiovascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wallenmeyer M.D.
Coroner or Medical Examiner
Date signed 7-5-43

06072 HENNING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ G 06072 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Henning

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Wm. H. Henning

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 0, 188[illegible]

8. AGE: Years 56 | Months 9 | Days 24 | If less than one day: hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Robert F Lowman
13. Birthplace Balto.

MOTHER
14. Maiden Name Julia Grant
15. Birthplace Balto.

16 (a) Informant Family
(b) Address 210 E. Fort Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director Jos. L. McCauley
(b) Address 210 E. Fort Ave.

19 (Date rec'd by registrar) JUL 6 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10/43 to 7/4/43 19..., and that I last saw her alive on 7/2/ 1943.

Immediate cause of death: Coronary thrombosis — Duration: about 6 mos.

Due to

Due to

Other Conditions: Hypertensive cardio vascular disease (Include pregnancy within 3 months of death) — Duration: ?

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Daniel Mc[illegible]
Address 1226 Hanover St. Date signed 7/5/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

G 06073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

G 06073 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elisha Witt Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4947

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Myrtle Jones.
6 (c) If alive, give age: 19 years
7. Birth date of deceased (mo., day, yr.): Dec. 19, 19 7
8. AGE: Years: 25 | Months: 6 | Days: 16 | If less than one day: 2 hr. 40 min.
9. Birthplace: Alabama (Town, county, and state)
10. Usual Occupation: Route Salesman
11. Industry or business

FATHER
12. Name: Robert Jones
13. Birthplace: Alabama

MOTHER
14. Maiden Name: Clara Cate
15. Birthplace: Texas

16 (a) Informant: Mrs. Elisha W. Jones
(b) Address: 270 w Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory: Good Shepherd
Location: Ellicott City, Md.

18 (a) Funeral director: Howard W. Bright Jr.
(b) Address: 4914 Belair Road

JUL 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** July 6 19 43, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 19 43, to July 6 19 43, and that I last saw h alive on July 5 19 43.

Immediate cause of death: Malignant hypertension — Duration: 2 hrs.

Due to: Interstitial sclerosis and necrosis of Kidney — Duration: 2 days.

Due to:

Other Conditions: Uremia — Duration: 15 days.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert F. Berry M. D.
Address: Mercy Hospital Date signed: 7/6/43

VS 150

06074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56B Registered No. G 06074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henretta Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	Widowed

6 (b) Name of husband or wife Harry Wilson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Crisfield Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel Whitty
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Tena Reynolds
(b) Address 1810 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1943 (month) (day) (year)
(c) Cemetery or crematory Crisfield Md
Location

18 (a) Funeral director Bryant Mamie H. Knight
(b) Address 721 Asquith St

19 Filed July 6 1943 (Date filed by Registrar) (Signature of Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943 to July 3 1943 and that I last saw her alive on July 3 1943

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Myocarditis
Due to Leiomyoma Uteri
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen R. Lefferd
Address 822 N. Bond St Date signed 7/3/43

06075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G 06075

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Homewood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Alice E. Perrault

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12. 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
48	4	22		

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation Retired Nurse
11. Industry or business None

FATHER
12. Name Mr. Napoleon Perrault
13. Birthplace Canada

MOTHER
14. Maiden Name Elvina Mercier
15. Birthplace Canada

16 (a) Informant Mrs. C. H. Carpenter
(b) Address Normal School - Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 Jul 1943 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cemetery
Location - New Bedford Mass

18 (a) Funeral director Maryon Wiedefeld
(b) Address 501 E 32nd St Baltimore
Huntington Williams, Mgr.

JUL 6 - 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1943, at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1943 to July 4 1943, and that I last saw h. alive on July 4 1943

Immediate cause of death: Cardio. Resp. failure -

Due to Asphyxia

Due to Carcinomatosis of lungs from ca of Rectum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 hrs
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Trabbit, Jr. M. D.
Address Union Memorial Hosp. Date signed 7-7-43

06076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157a

G 06076
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walkens + Catonsville Aves.
(c) Hospital or institution: St. Agnes Hospital C.W.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Alberton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Garland E. Neely

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-43

8. AGE: Years	Months	Days	If less than one day
	3	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Luther Neely
13. Birthplace [illegible] Tenn.

MOTHER
14. Maiden Name Kitty Burke
15. Birthplace [illegible] Va.

16 (a) Informant Luther Neely
(b) Address Daniels, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (month) (day) (year)
(c) Cemetery or crematory Daniels Cem.
Location Daniels Md

18 (a) Funeral director [illegible]
(b) Address Ellicott City, Md.

19 (Date received by registrar) JUL 6 - 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1943, to July 6 1943, and that I last saw him alive on July 6 1943.

Immediate cause of death Hydrocephalus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Arthur Ronberg, M.D.
Address St. Agnes Hosp Date signed 7/6/43

VS 150

PRINT WRITE PLAINLY, with pen or pencil. Be sure to answer correctly every question. Be sure to give the correct age in each case. Be sure to write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 06077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 06077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Archer St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) Ward 2nd. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Archer St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Milgrome

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Solomon Milgrome
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Mendelson
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah -
15. Birthplace Russia

16 (a) Informant Solomon Milgrome
(b) Address 601 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Northern Ave.
Location Isr. Israel Cong.

18 (a) Funeral director Jos. Levin & Sons
(b) Address 1439 E. Balto St.

(b) Date rec'd by registrar JUL 6 - 1943 (c) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July-6- 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to July-6-1943, and that I last saw her alive on July-5-1943.

Immediate cause of death Carcinoma of breast with metastasis

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation Oct-7-1939

Major findings of operation: Carcinoma left breast

of autopsy:

Duration
about four years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Diesel, M.D.
Address 2404 Entaw Pl. Date signed 7/6/43

VS 150

PRINT WITH PENCIL. WRITE CLEARLY. USE ONLY STANDARD ABBREVIATIONS. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06078 Registered No. 1940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Norfolk Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give town)
(d) Street No. 3812 Norfolk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Abel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Dayton Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Theodore Schuff
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Samuel M. Abel
(b) Address 3812 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (month) (day) (year)
(c) Cemetery or crematory Helgard Memorial Pk.
Location Baltimore County Md.

18 (a) Funeral director Jack Lewis Inc.
(b) 1446-1448 E. Balto St.

19 (a) JUL 6 - 1943 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5/43 19 . at 3 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 5 1943.
and that I last saw him alive on July 4 1943

Immediate cause of death: Coronary occlusion — Duration 4 days
Due to coronary disease — ?
Due to arteriosclerosis — ?
Other Conditions Hypertension — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hollis D. Albright M. D.
Address 2220 Harrison Blvd Date signed July 5/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 06079

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Goldie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1898

8. AGE: Years	Months	Days	If less than one day
44	6	9	hr. min.

9. Birthplace Wilmington, N.C.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Tommie Ellis
13. Birthplace N.C.

MOTHER
14. Maiden Name Harriett ?
15. Birthplace N.C.

16 (a) Informant Mr. Goldie Powell
(b) Address 1616 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co., Md.

18 (a) Funeral director William A. Jackson
(b) Address 2016 Pennsylvania Ave

19 (a) JUL 6 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 11 20 AM

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to Angina Pectoris

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 6 1943

VS 151

6080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 6 06080

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Authanasi Atonakis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co.

18 (a) Funeral director Leonard Covington
(b) Address 1500 N. 25th St.

JUL 6 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1943, at 7:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature For Hugh B McNally M.D. Medical Examiner.
Date signed 7-6-43 Howard J. Howard M.D.

06081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06081
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... ENDING INK. Every item of information should be carefully ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Oldham St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Michael Fokas

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male		Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
59			hr min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nicholas Fokas
13. Birthplace Greece

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Nicholas Fokas
(b) Address 722 Oldham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director Dunwand & Covington
(b) Address 216 W. 25th St

19 (a) 6-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943, to June 4 1943, and that I last saw h/ire alive on June 4 1943.

Immediate cause of death Arteriosclerosis — Duration
C-V-D
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address St. Agnes Hosp. Date signed 7/4/43

06082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G 06082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Bank St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 11
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Bank St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Prakseda Kalaczynska

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	M.

6 (b) Name of husband or wife Antoni
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day hr.	min.
about 78				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Antoni Kalaczynski
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Garman Mill Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

JUL 6 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1943, to July 4 1943, and that I last saw h[illegible] alive on July 5 1943

Immediate cause of death: Myocardial Insufficiency — Duration 3 wks

Due to: Chronic Myocarditis and Arteriosclerosis — 6 yrs.

Due to:

Other Conditions: Senile Involution — 5 yrs.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Zenowicz
Address 1802 Eastern Ave Date signed 7-6-43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga and Calvert Sts.
(c) Hospital or institution: Mercy Hospital Last Admission 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County Lancaster
(c) City or town Lancaster (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 E. Vine St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rodney H. Hart
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mrs. Lottie Hart
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) April 8, 1893
8. AGE: Years 50 | Months 2 | Days 29 | If less than one day — hr. — min.
9. Birthplace Lancaster Lancaster, Penn. (Town, county, and state)
10. Usual Occupation Newspaper Salesman.
11. Industry or business

FATHER
12. Name Hunter Hart
13. Birthplace Pennsylvania.

MOTHER
14. Maiden Name Henrietta Rupp
15. Birthplace Germany

16 (a) Informant Mrs Lottie Hart
(b) Address 28 E. Vine St Lancaster Pa.
17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory Lancaster
Location Lancaster Pa.
18 (a) Funeral director William Cook Inc
Address 1217 St Paul St.
(Date rec'd by reg.) (b) By Huntington Williams, Agt. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1943 at 4:50 PM
21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943 to July 5, 1943 and that I last saw h— alive on July 5, 1943.

Immediate cause of death
Respiratory Failure
Due to Metastasis to Brain
Due to Primary tumor (Carcinoma of Kidney)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Jan. 20, 1943.
Major findings of operation: Metastasis to Lower Leg
of autopsy: Gross & Microscopic Examination

Duration
Interval between onset and death
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ferdinand Wayne Lee
Address Mercy Hospital Date signed July 6, 43

JUL 6 1943

VS 150

Cause age is especially important. Physicians: please write the causes of death clearly and legibly.

JL G 06084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06084 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, ? 1876

8. AGE: Years 67 ? Months 0 ? Days 29 ? If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name George McLaughlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Mullican
15. Birthplace Ireland

16 (a) Informant Miss Emma E. McLaughlin
(b) Address 1941 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director William Cook Inc.
(b) Address 241 st Paul st

19 (a) [illegible] (Date rec'd by Registrar) (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1943 at 6.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1943 to 7-5 1943 and that I last saw h[illegible] alive on 7-5 1943.

Immediate cause of death	Duration
? Pulmonary Embolism	6 hrs
Due to	
Due to Strangulated Femoral Hernia	4 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Bosselb M.D.
Address Balto City Hosp Date signed 7-6-43

Be sure is especially important. Physicians: please write the causes of death clearly and legibly.

G 06085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

G 06085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town BROOKLYN, MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 JOPLAR RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Anna Hobbein (HOHLBEIN)

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White	Married

6 (b) Name of husband or wife John Hobbein. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 17 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	1	15		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home.

FATHER
12. Name Charles Heim.
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary SACHS
15. Birthplace Peoria.

16 (a) Informant Mrs. Grace Kaiser
(b) Address Marley Park. A.A. Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto County.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Av.

19 (a) Filed 6-1943 (Date received by registrar) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1943. at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943. to July 2 1943. and that I last saw her alive on July 2 1943.

Immediate cause of death	Duration
Terminal Broncho Pneumonia	10 days
Due to Chronic Congestive heart failure	20 days
Due to Hypertensive C-V. Dis	?
Other Conditions Localized Peritonitis & Fecal fistulae due to previous intestinal surgery from Stricture of Sigmoid & Rectal Abscess	
Date of operation 6-10-43	
Major findings of operation Gangrene of Sigmoid with perforation Sac (Strangulated)	
of autopsy:	

PHYSICIAN
* Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Kelley MD M.D.
Address Bon Secours Hosp Date signed 7-1-43

VS 3

G 06086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 06086 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Welcome Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Welcome Alley (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charlie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1893

8. AGE: Years 50 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Georgia (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Bertha Queen

(b) Address 511 Welcome Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 1054 W Montgomery Street

19 (a) Date received JUL 6 1943 (b) Registrar Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1943 at 1:34 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to July 1 1943 and that I last saw him alive on June 30 1943

Immediate cause of death Unresolved Pneumonia

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 27 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John W. Gaines M. D.

Address 665 W. Barre Date signed 7/2/43

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06087
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. MARY HOLTHAUS

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John C.

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 23, 1880

8. AGE: Years 62 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John Lindner
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant John C. Holthaus
(b) Address 1909 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory N. Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dispeli Sons
(b) Address Lexington & Howard Sts.

JUL 6 1943 (Date received) Huntington Williams, Mgr. registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-43 1943, at 11:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-43 19__, to 7-5-43 1943, and that I last saw her alive on 7-5-43 19__.

Immediate cause of death Coronary occlusion — Duration

Due to Toxic myocarditis

Due to

Other Conditions Hypostatic pneumonia, Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Ballina, M.D.
Address St. Joseph's Hosp. Date signed 7/5/43

G 06088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94B

G 06088 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3541 Liberty Hghta. Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County —

(c) City or town BALT. MARIE

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3541 LIBERTY HEIGHTS

(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME Edward M. Gill

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian M.Gill

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug.31-1871

8. AGE: Years	Months	Days	If less than one day
71	10	3	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER

12. Name Heithe S. Gill

13. Birthplace Baltimore County, Md.

MOTHER

14. Maiden Name Sarah Beckley

15. Birthplace Baltimore County, Md.

16 (a) Informant Lillian M.Gill

(b) Address 3541 Liberty Hghts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-43 (month) (day) (year)

(c) Cemetery or Lorraine

Location Baltimore

18 (a) Funeral director Chas. F. Evans & Son

(b) Address 416 W. McTavish Ave. Huntington, West Va.

JUL 6 - 1943 (Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 . to 7/4 1943.

and that I last saw h— alive on 7/4 1943

Immediate cause of death: Angina Pectoris — Duration: Years

Due to

Due to

Other Conditions Hardening of Arteries

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: X

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide X

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. G. Haas M.D.

Address 740 Eastern Ave. Date signed 7/6/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160 C

G 06089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 W. West St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto city
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W. West St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Girl Collins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1943

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Walter O Collins
13. Birthplace Cambridge, Maryland

MOTHER
14. Maiden Name Leneh Whitten
15. Birthplace Balto Md

16 (a) Informant Walter Collins
(b) Address 19 W. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1943 (day) (year)
(c) Cemetery or crematory Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Morris Flynn + Flannery
(b) Address 1417 E Lexington St

JUL 6 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943 at 8:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1943 to July 6 1943 and that I last saw her alive on July 6 1943

Immediate cause of death Contraction of Cervix or neck — Duration 15 hours
Due to Breech delivery
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Egbert Pass, M.D.
Address 4001 Wilkens Ave Date signed July 6, 1943

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CAMPEN

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06090 — G 06090

CERTIFICATE OF DEATH

46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 St. Paul St. - V Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Louise M. Campen Campen — If U. S. Veteran specify WAR .....

(a) Residence: No. 2916 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Henry C. Campen

6. DATE OF BIRTH (month, day, year) August 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1943

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles E Myers

14. BIRTHPLACE (city or town) (State or country) unknown U.S.A.

MOTHER

15. MAIDEN NAME Theresa Burch

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Miss Frances Campen
(Address) 2916 St Paul St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Druid Mount Date 7/7 1943

19. UNDERTAKER H. H. Meyer and Sons
(Address) 805 N. Calvert St.
Huntington Williams, Mgr.
Registrar.

JUL 6 - 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1943

22. I HEREBY CERTIFY, That I attended deceased from June 21 1943 to July 5 1943
I last saw her alive on July 5 1943 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/5/43

Other contributory causes of importance:

Carcinoma of colon	unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis tissue Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Frances W. Gluck M. D.

(Address) 715 Park Ave

G 06091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G 06091
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 Cliftmont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-3
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Cliftmont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Baynes

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	MARRIED

6 (b) Name of husband or wife DAVID F. BAYNES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Feb. 10, 1893

8. AGE: Years	Months	Days	If less than one day
50	4	26	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN OBRIEN
13. Birthplace IRELAND

MOTHER
14. Maiden Name JULIA HYLAND
15. Birthplace IRELAND

16 (a) Informant DAVID F. BAYNES (HUSBAND)
(b) Address 3323 CLIFTMONT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Jeiler INC.
(b) Address 403 S. WOLFE ST.

19 6-1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943 at 5 15 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary embolism

Due to Phlebitis of legs

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 6 1943.

VS 181

G 06092 G 06092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK GAYO

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: ANNA GAYO

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 22, 1885

8. AGE: Years: 58 | Months: 2 | Days: 13 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: Baker

11. Industry or business

FATHER
12. Name: George Gayo
13. Birthplace: Hungary

MOTHER
14. Maiden Name: Elizabeth Kern
15. Birthplace: Hungary

16 (a) Informant: ANNA GAYO (WIFE)
(b) Address: 1403 N. BOND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 7/43 (month) (day) (year)
(c) Cemetery or crematory: NEW CATHEDRAL
Location: OLD FREDERICK ROAD

18 (a) Funeral director: Lilly and Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) JUL 6 1943 Huntington Williams MR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 10 35 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH: Coronary occlusion

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Wollamuber M.D. Asst Medical Examiner.
Date signed 7-5-43

G 06093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 06093 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH J. MARSHALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE W	WHITE	WIDOWER

6 (b) Name of husband or wife MARY C. MARSHALL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 27 1885

8. AGE: Years	Months	Days	If less than one day
57	7	8	hr min

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED ELEVATOR OPR.
11. Industry or business B & O RR.

FATHER
12. Name FRANK MARSHALL
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name VERNICIA BROWSHEIGER
15. Birthplace BALTIMORE

16 (a) Informant FRANK MARSHALL (SON)
(b) Address 312 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1943 (Date received by registrar) (b) Huntington Williams MD Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 5 1943 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 1941 to 7/5 1943. and that I last saw him alive on 7/3 1943.

Immediate cause of death Coronary occlusion — Duration 5 yrs.

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank V. Manieri M. D.
Address 3335 S. Earl Ave. Date signed 7/5/43

MANIERI

G 06094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1570

G 06094 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland LOMBARD & GREENE ST.
(b) Street address University HOSPT.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5305 Plainfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Seifert

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 29 1943

8. AGE: Years | Months: 2 | Days: 5 6 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name CHARLES F. SEIFERT
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name NAOMA WHITE
15. Birthplace BALTIMORE MD.

16 (a) Informant CHARLES SEIFERT (FATHER)
(b) Address 5305 PLAINFIELD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8/43 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD CEM.
Location TAYLOR AVE

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) Date 1943 (Registrar) (b) Washington Nat'l Insurance Co.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 7:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 5 1943, and that I last saw her alive on July 5 1943

Immediate cause of death Cardiac failure

Due to Spina bifida - Thoracic region

Due to Surgery by decapitation

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alma N. Hampson M. D.
Address University Hospital Date signed 7/8/43

06095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 59

G 06095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loyola St.
(c) Hospital or institution: Bon Secour
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Bell Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Lorraine Bobbie Hilkie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married, widowed, or divorced~~:

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1943

8. AGE: Years — | Months — | Days — | If less than one day: hr. 8 min.

9. Birthplace Halethorpe Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Augie B. Hilkey
13. Birthplace Canton, N. C.

MOTHER
14. Maiden Name Jayne P. Burke
15. Birthplace Worcester, Mass.

16 (a) Informant Augie B. Hilkie
(b) Address Halethorpe Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 7/43 (Month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Irvington Md.

18 (a) Funeral director Geo. B. Hawkins
(b) Address Govans Md.

19 (a) JUL 7 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/1943, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6/1943 to 7/6/1943, and that I last saw her alive on 7/6 1943.

Immediate cause of death Prematurity

Due to Premature Birth

Due to —

Other Conditions None (Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Charles P. Downey M.D.
Address Bon Secour Hosp. Date signed 7/6/43

VS 3

G 06096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. G 06096

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 St Dunstans Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 St Dunstans Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Augusta Boone

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: W

6 (a) ~~Single~~, ~~married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband or wife: Wm H

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 3 1866

8. AGE: Years 77 | Months 2 | Days 1 | If less than one day: hr. min.

9. Birthplace: Accomac Co Va (Town, county, and state)

10. Usual Occupation: Home Work

11. Industry or business

FATHER
12. Name: Jackson Taylor
13. Birthplace: Va

MOTHER
14. Maiden Name:
15. Birthplace: Va

16 (a) Informant: Mrs A.E. Brooks
(b) Address: 320 St Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location: 3801 Frederick Ave

18 (a) Funeral director: William M Marecks
(b) Address: 715 Light St

JUL 7 – 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1943 to July 4 1943 and that I last saw h alive on 19

Immediate cause of death: Coronary Thrombosis — Duration 36 hrs

Due to: Arterio-Sclerosis — Duration Gradual

Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Moody

Address 1403 Park Ave Date signed 7/3/43

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—1-50—M. & T.—050 Blks

G 06097

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06097

CERTIFICATE OF DEATH

359

1-PLACE OF DEATH Private Hospital

CITY OF BALTIMORE: (No. 876 Washington Blvd St., V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JANICE LOUISE BLANTON

(a) RESIDENCE NO. 811 S. Broadway ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 5th 1943

7 AGE: Years | Months | Days | If LESS than 1 day 14 hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Benlonville Blanton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Whitesburg Kentucky

12 MAIDEN NAME OF MOTHER: Hattie Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mt Vernon Ga

14 Informant: Helen Blanton

(Address) 811 S. Broadway

JUL 7 - 1943

Received

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6 - 1943

17 I HEREBY CERTIFY, That I attended deceased from July 5 , 1943 to July 6 , 1943 that I last saw h.. alive on July 6 , 1943 and that death occurred, on the date stated above, at 9.05 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Mercical history and

(Signed) Samuel Silverstein M. D.

, 19 (Address) 811 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS

DATE OF BURIAL: July 7th 1943

20 UNDERTAKER: George R Weber

ADDRESS: 60 Center St

Filed JUL 7 - 1943

Huntington Williams M.D. Registrar

Please write very important. See instructions on back of certificates. EXACT Stamping NOT COPIA-

G 06098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

Registered No. G 06098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Israel Mopsikov

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-28-3493

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Birdie S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Kalman Mopsikov
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Glider
15. Birthplace Russia

16 (a) Informant Mrs Elsie Schapiro
(b) Address 3707 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 JUL 7 1943 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1943, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to July 6 1943, and that I last saw h / him alive on July 5 1943.

Immediate cause of death: Carcinoma of Colon — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 2206 E. Baltimore Date signed 7/6/43

VS 280

G 06099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 Yr

G 06099 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12

(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2562 Druid Park Drive

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Jacob Fishman

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-4031

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Metal Dealer

FATHER 12. Name Simon Fishman

13. Birthplace Russia ?

MOTHER 14. Maiden Name Sarah ?

15. Birthplace Russia

16 (a) Informant Mr Samuel Fishman

(b) Address 2562 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W N.rth Ave

19 (a) JUL 7 - 1943 (Date rec'd by registrar)

(b) Registrar Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 43 at 1 W P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 19 43 to July 6 19 43 and that I last saw h[illegible] alive on July 6 19 43

Immediate cause of death — Duration

Acute Resp. Failure

Due to Myocardial Failure

Due to Coronary Thrombosis

Due to Arteriosclerotic Heart Dis.

Other Conditions (Syphilis, Heart?) Psychosis (Dem.)

When ??

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

and Autopsy performed when

of autopsy: Brain, Pulm. infarcts, Mitral Stenosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Raymond H. Thorburn

Address Sinai Hospital Date signed 7/6/43

G 06100

T.H 82284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160a

Registered No. G 06100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Francis St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Sheffield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	N.B

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/23/43

8. AGE: Years	Months	Days	If less than one day
		1	30 hrs. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Sheffield
13. Birthplace Maryland

MOTHER
14. Maiden Name Marie Schultz
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 9 am. 7-2-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUL 7-1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24- 1943, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1943 to 6-24 1943, and that I last saw her alive on 6-24 1943.

Immediate cause of death Intracranial Hemorrhage

Due to Premature birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: - None

Duration
24 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. L. Randolph M.D.
Address Balto. City Hospitals Date signed 6-30-43

06101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 06101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4135 - Falls Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs. 10 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town 4130 - Falls Road, Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4130 - Falls Road (If rural give location)
(e) Citizen of foreign country? yes. (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Jane Uhler

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Harris D. Uhler
6 (c) If alive, give age Dead 1933

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1869

8. AGE: Years	Months	Days	If less than one day
70 74	5 -	14 -	hr. min.

9. Birthplace Reisterstown Balto Co. Md. (Town, county, and state)
10. Usual Occupation House work.
11. Industry or business

FATHER
12. Name Joseph Gore
13. Birthplace Reisterstown, md.

MOTHER
14. Maiden Name Georgia Bannister
15. Birthplace Reisterstown, md

16 (a) Informant Georgia Hahn
(b) Address 4135 - Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Reisterstown M. E.
Location Reisterstown, md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (Signature and address of person acting as registrar) Huntington Willis, M.D.
JUL 7 - 1943 (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943. at 7.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to July 1943, and that I last saw h[illegible] alive on July 5th 43.

Immediate cause of death	Duration
Congestive heart failure	
Due to Myocardial Insuff	
Due to 6 hr. Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edw. F. Glassman, M.D.
Address 4037 Falls Rd. Date signed 7/6/43

Correct 7/7/43

Important. Physicians: please write the causes of death clearly and legibly.

06102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G 06102

CERTIFICATE OF DEATH

1. PLACE OF DEATH Volunteers of America Hospital 161a

CITY OF BALTIMORE: (No. 418 W. Lexington St., Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Infant Boy Smith

If U. S. Veteran specify WAR _____

(a) Residence: No. 457 W. 24th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1943

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or 12 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) New York New York

MOTHER

15. MAIDEN NAME Doris Keller

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUL 6 1943 19

19. UNDERTAKER Commissioner of Health

(Address)

20. Filed JUL 7 1943 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1943 to July 5, 1943

I last saw him alive on July 4, 1943 Death is said to have occurred on the date stated above, at 6:09 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis -	July 4/43

Other contributory causes of importance:

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Reginald Lyon M. D.

(Address) Volunteers of America Hosp.

F0217

06103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06103
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7831 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lundgren

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, '43

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace University Hospital, Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lorentz Julius Lundgren
13. Birthplace Sweden

MOTHER
14. Maiden Name Nora (Lundgren) Pool
15. Birthplace Baltimore, Md.

16 (a) Informant Nora Lundgren
(b) Address 7831 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 6 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by registrar) JUL 7 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943 at 6:56 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1943 to 7-5 1943 and that I last saw him alive on 7-5 1943

Immediate cause of death Prematurity

Due to Prematured birth

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

None

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin H. Steward Jr.
Address University Hosp. Date signed 7/5/43 M D

VS 3

1021B

G 06104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 06104

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood

(c) Hospital or institution: University Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 735½ W. Mulberry St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Larry William Copeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1943

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name Dorothea Copeland

15. Birthplace ?

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUL 6 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 7 1943 Huntington Williams, M.D. Registrar

(Delivered by registrant)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1943, at 1 EDA M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to June 26 1943, and that I last saw ~~him~~ alive on June 26, 1943.

Immediate cause of death

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. Earl Keeley M.D.

Address University Hosp Date signed 7-6-43

VS 150

0219

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 05105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

G 06105 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Brentwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Brentwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. DUNSTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	9	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Chas. Dunston
13. Birthplace N. C.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Ernest Dunston
(b) Address

17 (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. Co. Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 571 W. Biddle St.

19 (a) JUL 7 1943 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, '43 19 . at 5:35P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 19 43 to July 5, 19 43. and that I last saw h/ alive on July 5 19 43.

Immediate cause of death

Duration

(a) Hypertensive Cardio-Renal Disease — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marvin Dodson M.D.
Address 3 LE 4 3 1/2 Date signed 7-6-43

G 06106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 06106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Barre Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES SMITH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67				

9. Birthplace Anacostia D.C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace "

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Mrs Eleanor Robert
(b) Address 702 Barre Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 518 W. Biddle St.

19 (a) JUL 7 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 9a M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature N. J. Wallenmeier M.D. Medical Examiner.
Date signed 7-5-43

VS 151

G 06107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

G 06107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run
(c) Hospital or institution Lydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Dumbarton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Dorsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lilly Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/06

8. AGE: Years 37 | Months 4 | Days 18,14 | If less than one day: hr. min.

9. Birthplace Atlanta, Ga. (Town, county, and state)

10. Usual Occupation Police force

11. Industry or business

MOTHER
12. Name William Dorsey
13. Birthplace Atlanta, Ga.

FATHER
14. Maiden Name Lilly Roberts
15. Birthplace ?

16 (a) Informant wife
(b) Address 646 Dumbarton Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto

18 (a) Funeral director Leonard J. Kunst
(b) Address 5306 Hadford Rd

19 (a) JUL 7 - 1943 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1943, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1943 to 7/6 1943, and that I last saw h[illegible] alive on 7/6 1943.

Immediate cause of death: Tbc. Meningitis — Duration about 3 wks.
Due to 2 Pulmonary
Due to Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Ribbe M. D.
Address Lydenham Date signed 7/6

VS 2

G 06108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

631 Registered No. G 06108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 759 Melville Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 759 Melville Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leila S. Gundison (Gundizer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife James T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6- 1878

8. AGE: Years	Months	Days	If less than one day
64	10	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Benjamin Buckmeister
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia
15. Birthplace Md.

16 (a) Informant Mrs. John Stoll
(b) Address 1723 Patterson Park Ave.

17 (a) Burial (b) Date thereof July 8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenlawn Memorial
Location

18 (a) Funeral director Leonard F. Rusch
(b) Address 3325 Hartford Road

19 (a) (Date rec'd by registrar) (b) Registrar
JUL 7 - 1943 Huntington Williams, MR

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1943 to July 5 1943 and that I last saw her alive on July 5 1943

Immediate cause of death Chronic Myocarditis — Duration

Due to Thyro-Toxicosis

Due to

Other Conditions Uterus Fibroma Moderate.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles A. Anderson M. D.
Address 3061 Shannon Drive Date signed July 7-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131A

Registered No. B-06109

Type or PRINT PLAINLY IN INDELIBLE PENCIL OR PEN AND INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4725 Old York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4725 Old York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Smithie Mae Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widowed

6 (b) Name of husband or wife Major

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-1857

8. AGE: Years	Months	Days	If less than one day
85	10	5	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Addison Fields
13. Birthplace North Carolina

MOTHER 14. Maiden Name Mrs Skinner
15. Birthplace North Carolina

16 (a) Informant Major B. Lewis
(b) Address 4725 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location

18 (a) Funeral director Leonard L. Ruck
(b) Address 5305 Harford Rd.

19 (a) [redacted] (b) [illegible] Washington Blvd

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943 at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942 to July 5 1943, and that I last saw her alive on July 5 1943.

Immediate cause of death: Chronic Myocarditis — Duration 1 yr

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward Woolf M. D.
Address 1331 E. North Ave Date signed 7-8-43

VS 186

G 06110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 Alpine Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 Alpine Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard E. Bowen.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-1977

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married.

6 (b) Name of husband or wife Nellie F. Bowen
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) June 26, 1890

8. AGE: Years	Months	Days	If less than one day
53	-	9	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Asst. Foreman
11. Industry or business Roland Park Co.

FATHER
12. Name Augustus T. Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Edesmell
15. Birthplace Maryland.

16 (a) Informant Nellie F. Bowen
(b) Address 221 Alpine Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date received by registrar) (b) Registrar

JUL 7 - 1943

VS 116 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1943, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to July 5 1943 and that I last saw him alive on July 5 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Chronic Myocarditis and Nephritis — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Mason
Address 617 W. 40th St Date signed 7/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66111 BK

82154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S. Broadway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David Whitmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	4 2	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business Tavern 821 S. Broadway

FATHER
12. Name David Whitmore
13. Birthplace Pa.

MOTHER
14. Maiden Name Martha Strite
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Church of Brethren
Location Welsh Run Pa

18 (a) Funeral director Scott J Mumbauer Son
(b) Address Waynesboro Pa

Oct 7 - 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1943 at 1:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/4 1943.
and that I last saw him alive on 7/4 1943.

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to Cirrhosis of liver; Hepatitis. — 1 yr.

Due to

Other Conditions Arteriosclerotic C.V. disease.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seymour M. D.
Address Balto. City Hosp. Date signed 7/8/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

G 06112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06112 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dallas N. Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-4077

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married - Survived

6 (b) Name of husband or wife Clara —

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1877

8. AGE: Years	Months	Days	If less than one day
66	3	29	hr. min

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John F. Thompson
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Mary Stevenson
15. Birthplace N Carolina

16 (a) Informant Shelton E. Thompson
(b) Address 1906 Wilkins Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location City

18 (a) Funeral director Roff & B. McWaters
(b) Address Balto Steuben St
JUL 7 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1943, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy - Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Cardio - Vascular Renal Disease

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Headley M.D. Medical Examiner.
Date signed 7-7-43

VS 151

G 06113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 G 06113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town ~~Baltimore~~ Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1098 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Mays Flayhart

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John T. —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Apr — 1857

8. AGE: Years	Months	Days	If less than one day
86	2 3		hr. min.

9. Birthplace Towson, Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Wesley S. Perine
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Mays
15. Birthplace Md.

16 (a) Informant Howard Flayhart
(b) Address Virginia Ave., Towson, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

JUL 7 — 1943 (b) Registrar
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1943, at 7:30 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Bronchio-pneumonia

Due to Fractured femur

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/26/ at between 8 & 9 A M.
(b) Where did injury occur? 1095 Penna Ave, Towson Md
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell on front porch

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 7-7-43

G 06114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9HN

G 06114
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Oak Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Oak Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1701

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1892

8. AGE: Years	Months	Days	If less than one day
51	5	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Charge of coal crib
11. Industry or business Glen L. Martin

FATHER
12. Name Jerome L. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Fenton
15. Birthplace Virginia

16 (a) Informant Miss Annie C. Murphy
(b) Address 1906 Oakhill Avenue

17 (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rida Wudefeld
(b) Address 911 Gwynn Oak Ave

19 (a) JUL 7 1943
(Date rec'd by registrar)
Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 1:35 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wallenwater M.D.
Medical Examiner.
Date signed 7-5-43

G 06115

T.N 68090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

441 Registered No. G 06115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elma Slaughter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 31, 1913

8. AGE: Years	Months	Days	If less than one day
29	8	4	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Caleb Schell
13. Birthplace ?

MOTHER
14. Maiden Name Annie Nixson
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-43 (month) (day) (year)
(c) Cemetery or crematory Rockland's Sa
Location

18 (a) Funeral director James A Stayer
(b) Address 142 W Mt St

19 JUL 7 - 1943 (Date rec'd by registrar) (Signature) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1943 at 7 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1943 to 7-5 1943 and that I last saw her alive on 7-5 1943

Immediate cause of death	Duration
Due to Lymphogranuloma with Rectal Stricture	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Stott

Address Balto City Hosp Date signed 7-6-43 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. Do

G 06116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 552

G 06116 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lucas Sts
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 7 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Gamunger

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age ~~47 years~~

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49	4	8	hr. min.

9. Birthplace Oklahoma (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Harry Barney
(b) Address 1414 N Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntingtown, Williamsport, Md.

JUL 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1943 at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1943 to 7/6 1943 and that I last saw him alive on 7/5 1943.

Immediate cause of death Uremia

Due to Carcinomatosis

Primary site unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy Carcinomatosis

Duration
10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur [redacted] out home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Bird M. D.

Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 W

Registered No. G 06117

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 612 S Streeper

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11

(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town V

(If outside city or town limits, write RURAL and give town)

(d) Street No. 612 S Streeper

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rebecca L Smith.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife James Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1866

8. AGE: Years 77 | Months | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER 12. Name John T. Elvet

13. Birthplace Md

MOTHER 14. Maiden Name Caroline Sprool

15. Birthplace N Carolina

16 (a) Informant Harry W Smith

(b) Address 2037 Fleet St

17 (a) Burial (b) Date thereof 7/9/43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Colgate Md

18 (a) Funeral director Wm H Armour Funeral Home

(b) Address 2004 Orleans St

19 JUL 7 - 1943 (b) Huntington W Dimmes M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 41 19 . to July 6 1943.

and that I last saw h alive on July 6 19 43.

Immediate cause of death Cardiac renal vascular dis.

Duration 2

Due to

Due to senile changes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Leo D. Lafata M. D.

Address 701 N Patterson Pk Date signed 7/6/43

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06118

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06118

CERTIFICATE OF DEATH

1. PLACE OF DEATH Garrison Blvd 93d

CITY OF BALTIMORE: (Ward) CRAWFORD RETREAT (Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Zenobia Stanna 15

If U.S. Veteran specify WAR NA

(a) Residence: No. 2117 Dennison St., Ward Harford Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) May-11-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Robt F. Stanna

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Florence Slee

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Miss Eleanor Purnell

(Address) 3100 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Churchville-Harford Co - 7-7-43

19. UNDERTAKER Stinson Memorial Co.

(Address) 1210 Monroe St.

20. JUL 7 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5/43, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1 1943 to July 5/43, 19

I last saw her alive on July 3 1943. Death is said to have occurred on the date stated above, at 9 45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chron	2 yrs
Other contributory causes of importance:	
Arterio-sclerosis	?
Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hallard L. Hiblett M.D.

(Address) 2220 Garrison Blvd.

06119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 L

G 06119 Registered No.

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Thorndale Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Thorndale Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle Paul

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Clarence E. Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1862

8. AGE: Years 80 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William Pease
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Peregoy
15. Birthplace Md.

16 (a) Informant Mrs. G. A. Keller
(b) Address 2907 Thorndale Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. Balto., Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

JUL 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943, at 9.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1942 to July 4 1943, and that I last saw h[illegible] alive on July 3 1943

Immediate cause of death Chr. Myocarditis — Duration

Due to

Due to

Other Conditions Chr. nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address [illegible] Date signed 7/6/43

G 06120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1930

G 06120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 N. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miles Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0349

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charlotte Lee
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) Nov 8, 1891
8. AGE: Years 51 Months 7 Days 26 If less than one day: hr. min.
9. Birthplace Charlotte Co. Va (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Alexander Lee
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Green
15. Birthplace Va

16 (a) Informant Alexander Lee Jr.
(b) Address 322 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Mem.
Location

18 (a) Funeral director Mrs Katie D Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) JUL 7 1943 Hunting for Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943 2A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1943 to July 4 1943 and that I last saw h alive on July 4 1943

Immediate cause of death: Acute Myocardial Infarction — Duration: 48 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. D. Decker M.D.
Address 1 W Preston Date signed July 7 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06121

T.N 81623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G 06121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month and 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1898

8. AGE: Years 45 44 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Jones Poplar
13. Birthplace Va.

MOTHER
14. Maiden Name Malinda Crockett
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1943 (month) (day) (year)
(c) Cemetery or crematory W.M. Auburn Cem
Location

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 932 N. Schroeder St

19 (a) JUL 7 1943 (Date received by registrar)

Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1943, at 6:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1943 to 7-5 1943 and that I last saw him alive on 7-5 1943

Immediate cause of death — Duration

Carcinoma of Cervix with metastases — 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb M. D.
Baltimore City Hosp
Date signed 7-6-43

VS 150

Physicians: please write the causes of death clearly and legibly. The item of information should be carefully supplied. The ages are especially important.

G 06122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06122 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemuel Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Amity Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Carter : Correct name: Cora Mae N. Carter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 29 1936

8. AGE: Years	Months	Days	If less than one day: hr.	min.
5	1	13	19 38	

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Carter
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Cora Johnson
15. Birthplace Wakefield Va.

16 (a) Informant Cora Johnson Carter
(b) Address 205 Amity St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (month) (day) (year)
(c) Cemetery or crematory W.M. Auchentoroni Cem
Location

18 (a) Funeral director Wm Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) JUL 7 - 1943 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3-1943, at 5.50 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Multiple bruises

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-3-43 at 5.30 P.M.
(b) Where did injury occur Saratoga St. nr. Poppleton
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto-truck

23. Signature Howard A. Madeira M.D.
Medical Examiner.
Date signed 7-4-43

G 06123

437272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter N. Jennett.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-19.

8. AGE: Years	Months	Days	If less than one day
24	3	11	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Walter Jennett
13. Birthplace N. C.

MOTHER
14. Maiden Name Virginia Jennett
15. Birthplace N. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1943 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A. A. County Md.
18 (a) Funeral director Mrs R. A. Elliott & Dgt
(b) Address 1129 N. Caroline St.
19 JUL 7 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 330

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1943. 12 mid night

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 3 1943. and that I last saw h[illegible] alive on July 3 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Tuberculous meningitis	
Due to Disseminated tuberculosis	
Other Conditions Amputation at foot (Rt) for Ulc. Leompleta	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abraham Gomecin M. D.
Address John Hopkins Hospital Date signed 7-4-43

Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

Registered No. G 06124

Every item of information should be carefully supplied. This certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 E. 23rd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. 23rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Taylor Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Separated

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	6	28		

9. Birthplace Warrington Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Lizzie Simms
15. Birthplace Va.

16 (a) Informant Lizzie Fraley
(b) Address 308 E. 23rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Q. A. Crofton Md.

18 (a) Funeral director Mrs. K. Gilliss Douglas
(b) Address 1107 N. Carlton St.

19 (a) JUL 7 - 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943, at 7.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1943 to July 4 1943 and that I last saw h V alive on July 4 1943.

Immediate cause of death Cerebral Hemorrhage. Duration 19 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd Date signed 7-6-43

Morgue
G 06125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G 06125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5500 Plymouth Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jenie Margaret Morse

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband or wife: David S.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 30, 1914

8. AGE: Years	Months	Days	If less than one day: hr.	min.
28	6	5		

9. Birthplace: Altoona, Pa. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Jesse E. Westover
13. Birthplace: Altoona, Pa.

MOTHER
14. Maiden Name: Clarissa M. Stiffler
15. Birthplace: Lilly, Pa.

16 (a) Informant: Mr. Jesse E. Westover
(b) Address: 48 Malone Ave., Belleville, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Balto., Md

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (Date received by registrar) JUL 7 1943 (Signature of Registrar) Hamilton for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 12 P M

21. I certify that I took charge of the remains described above, held an Inquisition (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Asphyxiation due to carbon Monoxide

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 5 1943 at 11 A M.
(b) Where did injury occur? 5500 Plymouth Road
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? No
(d) Means of injury: Inhaled gas from kitchen stove

23. Signature: Robert L. Graham M.D.
Medical Examiner.
Date signed July 5 1943

VS 181

96126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

Registered No. G 96126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 Mosher Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2325 Mosher Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Bell Arnold

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Silas L. G. Arnold
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1874
8. AGE: Years 68 Months 10 Days 13 If less than one day hr. min.
9. Birthplace Westminster, Maryland (Town, county, and state)
10. Usual Occupation Receiver
11. Industry or business Balto. Transit Co.

FATHER
12. Name Joseph Hunter
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Annie Ward
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Hunter F. Arnold
(b) Address 2325 Mosher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Maryland.

JUL 7 - 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4, 1943, to July 4, 1943, and that I last saw her alive on July 4 1943

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertensive Cardiovascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kemp M. D.
Address 3030 Edmondson Ave. Date signed 7/6/43

VS 3

G 06127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51 b

G 06127 Registered No.

Physicians: please write the causes of death clearly and legibly. The ... or information should be carefully supplied. The ... especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 751 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 751 W. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK BING

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	8	22		

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George V. Bing
13. Birthplace unknown

MOTHER
14. Maiden Name Caroline Rentz
15. Birthplace Ellicott City, Md.

16 (a) Informant Mrs. Catherine E. Bing
(b) Address 751 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 7 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1943 to 7/5 1943 and that I last saw h[illegible] alive on 7/5 1943.

Immediate cause of death: Acute Cardiac Failure — Duration 12 a.
Due to Chronic Myocarditis
Due to Carcinoma of Prostate — 1 yr.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B. Lawrence M. D.
Address 1719 Washington Blvd Date signed 7/6/43

Wessell

G 06128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Pr. George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Wessell
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Edward A. Wessell
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) December 12 1885

8. AGE: Years 57 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Zeltmyer
13. Birthplace Maryland

MOTHER
14. Maiden Name Linda Wagner
15. Birthplace Maryland

16 (a) Informant Edward A. Wessell
(b) Address Laurel, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Paul Lutheran Church
Location Fulton, Maryland

18 (a) Funeral director Dr. Arthur Walters
(b) Address 254 - Carroll St. Phila. Pa. Huntington Williamsport, Md.

19 (a) JUL 7 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~July 1~~ 1943 to July 6 1943, and that I last saw him alive on July 6 1943.

Immediate cause of death: Aplastic Anemia — Duration: 2 months ±
Due to Etiology unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Multiple hemorrhages in S. Sarcoma Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 7/7/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 06129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160C Registered No. G 06129

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: A. M. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr 6-10-43

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Washington
13. Birthplace Balti, Md.

MOTHER
14. Maiden Name Rosella Pope
15. Birthplace South Carolina

16 (a) Informant Mr. Robert Washington
(b) Address 1635 McElderry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

(c) 6-17-1943 Huntington Williams, M.D. (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-1943, at 2:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943 to 6-16 1943, and that I last saw h[illegible] alive on 6-11 1943.

Immediate cause of death: Injury to Brachial Plexus.

Due to

Due to Hemorrhage into

Other Conditions Ruptured Lung

(Include pregnancy within 3 months of death)

Duration

Date of operation

Major findings of operation:

of autopsy: Hemorrhage into Lung.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Butler M. D.
Address 2033 Eutaw Place Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Living in Private H. 600 S. Chapel Gate Lane — Registered No. ____

CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane, Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Hahn

(a) Residence: No. 600 S. Chapel Gate Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Frederick Hahn

6. DATE OF BIRTH (month, day, year) June 30th 1850

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
93	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick Haldy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dorothea Hemhard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dorothea E. Hansmann (Address) 2791 Tivoli Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date July 5th 43

19. UNDERTAKER William Cook Inc (Address) 217 St. Paul St.

20. FILED JUL 7 - 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 1941 to July 6 1943

I last saw h[illegible] alive on July 6 1943 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Cardio-Vascular Degen. Disease	?
Heart Failure	July 6 1943
Other contributory causes of importance:	
Deforming Arthritis	?
Senile Debilitation	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Parr M. D.

(Address) 4001 W. Rhens Ave

G 06131 — BALTIMORE CITY HEALTH DEPARTMENT — G 06131

CERTIFICATE OF DEATH 49a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Cedar Highway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary O Stephens

3 (b) If veteran, name war: N
3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: (Widowed)

6 (b) Name of husband or wife: Wm G Stephens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1878

8. AGE: Years 64 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name John Elijah Willis
13. Birthplace Md

MOTHER — 14. Maiden Name Mary Emma Jones
15. Birthplace Md.

16 (a) Informant Mrs Leo Cunniff
(b) Address 122 Drummond Ave, Wynnewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory Harmony
Location Harmony Md.

18 (a) Funeral director Wilson & Lee
(b) Address 1217 Park Ave

19 (a) (Date rec'd by registrar) (b) Registrar
JUL 7 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 5 1943, at 4 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1943 to 7-5 1943 and that I last saw h&x alive on 7-5 1943

Immediate cause of death Papillary Cyst adeno carcinoma of bilateral pulmonary
Due to metastasis - Adeno generalized abdominal
Due to Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed diagnosis

Duration: four

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Kornegay M. D.
Address University Hospital Date signed 7-6-43

Please write plainly. Every item of information should be carefully supplied. The name and age are especially important. Physicians: please write the causes of death clearly and legibly.

G 06132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94N

G 06132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 1943
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~3031 Fristy Place~~ 1407 Kuper (If rural, give location) Ln.
(e) If foreign born, how long in U. S. A. KUPER years

3 (a) FULL NAME Charles C. Linder

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. — 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	10			

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edgar J. Linder
13. Birthplace England

MOTHER
14. Maiden Name Mary J. Wightenbaum
15. Birthplace Pa

16 (a) Informant Edgar J. Linder
(b) Address 3031 Fristy Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. View Cem.
Location N. Friendship, Md.

18 (a) Funeral director Wm Cook, Inc.
(b) Address 2 E. Dr. Paul Street Huntington Terrace

19 (a) JUL 7 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1943, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1943, to 7-6 1943, and that I last saw him alive on 7-6 1943.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morris B. Smith, M. D.
Address 5 E. Fristy Ln. Date signed 7-7-43

VS 3

Approved by Howard J. Swallow, M. D.

Dr. Krumpen - 722 N. Kenwood Ave (Raulin)

G 06133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

G 06133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 N. Streeper st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Raulin

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Wid.

6 (b) Name of husband or wife Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13 - 1859

8. AGE: Years	Months	Days	If less than one day hr.	min.
84	3	23		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Unknown
15. Birthplace Germany

16 (a) Informant Johanna Mathone
(b) Address 630 N Streeper st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 8 (day) 43 (year)
(c) Cemetery or crematory St Mathews Lane, Location Balto. City

18 (a) Funeral director William Cook Jr
Address 211 S Caroll St

19 (a) JUL 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams Md (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 - 43 19 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1943 to July 6 1943, and that I last saw h[illegible] alive on July 5 1943.

Immediate cause of death: Chronic myo Carditis. arthritis - 5 Years -
Duration: May 13/43 10 yrs
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumpen M. D.
Address 722 N. Kenwood Ave Date signed July 6/43

VS 150

G 06134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06130112

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A Harmeyer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NIN

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lettie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9. 1881

8. AGE: Years 61 | Months 7 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and State)

10. Usual Occupation Painter Carpet

11. Industry or business Sty

FATHER 12. Name Lawrence Harmeyer
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Helen Berger
15. Birthplace Baltimore Md

16 (a) Informant Lettie Harmeyer
(b) Address 2411 Baker St

17. Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Milburn Co Inc
(b) Address 1219 E Fayette St

(Date rec'd by registrar) (b) Huntington Millspaugh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/43 to 7/5/43 1943, and that I last saw him alive on 7/4/43.

Immediate cause of death: Carcinomatosis (Primary)
Due to: Chronic Progressive Arteriosclerotic Atrophy (Spinal)

Duration: 10 days / 6 Yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature H C Abell MD
Address 1929 Mortimer Date signed 7/5/43

VS 180

06135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. G 06135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dodson Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roberta Malone

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female
5. Color or race White
6 (a) Single, married, widowed, or divorced. —
(b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/03

8. AGE: Years | Months | Days | If less than one day: hr. | min.
one

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Edward Malone
13. Birthplace Canton, Ohio

MOTHER
14. Maiden Name Harriett Aldridge
15. Birthplace Greenup, Kentucky

16 (a) Informant Mrs Harriett Malone
(b) Address 1525 Eutaw place

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

JUL 7 1943
(Date recd by registrar)

UNIVERSITY MEDICAL SCHOOL JUL 7 1943
Commissioner of Health

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1943 to 7-5 1943 and that I last saw h[illegible] alive on 7-5 1943

Immediate cause of death
(a) Congenital Heart Disease
Due to Fall of mother
Due to
Other Conditions Prematurity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Postp 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis H. Bauer M. D.
Address 716 Walnut Ave Date signed

VS 3

0227

7/7/43

Mar G 06136

BALTIMORE CITY HEALTH DEPARTMENT ✓ 93d G 06136 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 Poplar Grove St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia T. Day

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband ~~or wife~~ George J. Day
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1876

8. AGE: Years	Months	Days	If less than one day
67	3	17	hr. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant George J. Day
(b) Address 416 Poplar Grove st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 3900 old Frederick Rd

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave

19 (a) JUL 8 - 1943 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1943 to July 6 1943 and that I last saw her alive on July 2, 1943.

Immediate cause of death	Duration
Hypertension-Arteriosclerosis-Myocarditis Coronary Heart Disease.	
Due to	
Due to	
Other Conditions Pulmonary Oedema	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Herbert C Taken M. D.
Address Date signed

VS 150

Please write plainly; every item of information should be carefully supplied. The items marked * are especially important. Physicians: please write the causes of death clearly and legibly.

Thag 06137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 06137 9Hα Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Virginia L. Bruce

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	married

6 (b) Name of husband ~~or wife~~ Clayton C. Bruce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	1	12	18	78

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Burnette
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Hall
15. Birthplace Virginia

16 (a) Informant Clayton C. Bruce
(b) Address 10 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Rd.

18 (a) Funeral director Harry H. Wiltzke
(b) Address 410 Eutaw and Lanvale Aves.

19 (a) JUL 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943, at 9 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1943 to July 5 1943, and that I last saw h[illegible] alive on July 5 1943.

Immediate cause of death Coronary occlusion — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Rossberg
Address St. Agnes Hosp. Date signed 7/8/43

Physicians: please write the causes of death clearly and legibly. The ... information should be carefully supplied. The ... important.

G 06138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G 06138 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County New York
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 196 Van Buren St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wolfe William Kastan (Kastenblatt)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (town, county, and state)

10. Usual Occupation Chemist

11. Industry or business

FATHER
12. Name Joseph Kastenblatt
13. Birthplace Austria

MOTHER
14. Maiden Name Rose
15. Birthplace Austria

16 (a) Informant Hospt Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-8-43 (month) (day) (year)
(c) Cemetery or crematory New York City
Location

18 (a) Funeral director Just & Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) (Registrar's signature) (b) Huntington Williams M.D.

JUL 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943, to July 7 1943, and that I last saw him alive on July 4 1943.

Immediate cause of death: Circulatory Collapse

Due to: Gangrene, Lt. leg

Due to: Arteriosclerosis

Other Conditions: Diabetes Mellitus, Bronchial Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sinai Hospital
Address Herbert M. Lesser M.D. Date signed 7/9/43

VS 180

Physicians: please write the causes of death clearly and legibly. The ... information should be carefully ... Typewriting ... important.

G 06139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. G 06139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Gibbons Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma S. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	Widowed

6 (b) Name of husband ~~or wife~~ John E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name August Kochner
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine —
15. Birthplace —

16 (a) Informant Norman S. Taylor
(b) Address 3203 Gibbons Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location

18 (a) Funeral director Leonard S. Ruchty
(b) Address 5805 Harford Road

19 Date rec'd JUL 8 1943 Registrar Huntington Williams M.D.

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1939 to July 5 1943.
and that I last saw her alive on July 3 1943

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Hypertensive Cardio vascular disease — 15 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Karl Grossman
Address 1212 N Patterson Pk Ave Date signed 7/6/43 M. D.

Please give every item of information asked for. Any omission should be carefully supplied. The accuracy of every item is especially important. Physicians: please write the causes of death clearly and legibly.

G 06140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard
(c) Hospital or institution: U. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alvia Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1942

8. AGE: Years | Months: 9 | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Waters
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Pauline (Waters) Ferguson
15. Birthplace not known N.C.

16 (a) Informant mother
(b) Address See above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUL 8 - 1943 (Date rec'd by registrar) Huntington Station, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at 2:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1943 to 7-7 1943 and that I last saw her alive on 7-7- 1943.

Immediate cause of death: Respiratory failure
Due to: Pneumonia
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David K. Wurgan M.D.
Address U. Hospital Date signed 7/7/43

VS 180

Physicians: please write the causes of death clearly and legibly. All information should be carefully supplied. The ... especially important.

G 06141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

✓ G 06141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 McLean Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Shipe

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ella
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 2/17/68

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	4	24		

9. Birthplace Warren Co. Va. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Self

FATHER
12. Name William Shipe
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Sipe
15. Birthplace Va

16 (a) Informant Grace Steffey
(b) Address 914 McKeldin Ave.

17 (a) Burial (b) Date thereof 7/9/43 (month) (day) (year)
(Burial, ~~cremation, or removal~~)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUL 8 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943, at 7:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1943, to 7/6 1943, and that I last saw HIM alive on 7/6 1943.

Immediate cause of death: Cerebral accident shock
Due to
Due to
Other Conditions: benign Prostatic hypertrophy
(Include pregnancy within 3 months of death)
Date of operation 7/6/43
Major findings of operation: Hypertrophy (benign) of prostate gland
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Stein
Address St Agnes Hosp. Date signed M. D. 7/6/43

Physicians: please write the causes of death clearly and legibly. The ... every item of information should be carefully supplied. ... especially important.

G 06142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

G 06142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 345 E. 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Annes
(c) City or town Stevensville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
W	NONE	Female	White	Married

6 (b) Name of husband ~~or wife~~ J. Alton Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 25th 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	10	12		

9. Birthplace Delaware (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph B. Jones
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Arters
15. Birthplace Delaware

16 (a) Informant J. Alton Thomas Jr
(b) Address Stevensville Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Stevensville
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) [illegible] 1943 (Date rec'd by registrar)
Registrar

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1943, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 19 to July 7 1943, and that I last saw ~~him~~ her alive on July 7, 1943.

Immediate cause of death Myocarditis — Duration 2

Due to —

Due to —

Other Condition Bronchial asthma

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Gruyton M.D.
Address 3963 Greenmount Ave. M.D. Date signed 7/9/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 Registered No. 506143

506143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Luther

3 (b) If veteran, name war — 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Alex. Brandau

13. Birthplace Md.

MOTHER 14. Maiden Name Augusta Teahoms

15. Birthplace Germany

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/10/43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Mathews & Lee

(b) Address 1217 E. Fort Ave

19 (a) JUL 8 1943 (b)
Registered by number

Huntington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1943 to July 7 1943 and that I last saw he alive on July 7 1943

Immediate cause of death Brain Tumor — Duration ?

Due to

Due to (over)

Other Conditions ?

(Include pregnancy within 3 months of death)

Date of operation July 7, 1943

Major findings of operation: Brain Tumor

of autopsy: Post operative hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo V. Rigoli M. D.

Address Johns Hopkins Hosp Date signed 7-7-43

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G 06144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 13 1a

G 06144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE-19 (SPARROWS PT.)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 D ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE EDGAR MAC NAIR

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-3121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ROSE MAC NAIR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 11, 1877

8. AGE: Years	Months	Days	If less than one day
66	1	26	hr. min.

9. Birthplace NEW YORK (Town, county, and state)
10. Usual Occupation ELECTRICAL FOREMAN
11. Industry or business Bethlehem Steel Co

FATHER
12. Name GEORGE T. McNair
13. Birthplace New York

MOTHER
14. Maiden Name Juliet Bastress
15. Birthplace Pennsylvania

16 (a) Informant Rose E. McNair
(b) Address 517 D St. Sparrows Point

17 (a) Removal (b) Date thereof 7/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Allentown Pa
Location

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

JUL 8 - 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 7 1943, at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to July 7 1943, and that I last saw him alive on July 6 1943.

Immediate cause of death	Duration
Uremia	
Due to Arteriosclerosis and	?
Due to Hypertensive cardiovascular renal disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Washbutt Jr. M. D.
Address Union Memorial Hosp. Date signed 7-7-43

VS 150

Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

G 06145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

467 G 06145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Pinewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Pinewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE BURNS

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Samuel E. Burns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1873

8. AGE: Years	Months	Days	If less than one day
69	9	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Langeluttig
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Samuel E. Burns
(b) Address 2817 Pinewood Ave.

17 (a) Burial (b) Date thereof 7/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Overlea

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 8 - 1943 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1943 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 6 1943, and that I last saw h[illegible] alive on July 6 1943.

Immediate cause of death: Carcinoma stomach — Duration: 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Alessi M.D.
Address 6217 Harford Rd Date signed 7/7/43

VS 180

Physicians: please write the causes of death clearly and legibly.

G 06146 — H. Kenny 527 E. 21st Alley — G 06146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Mansfield Ave (If rural give location) Mansfield
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Johnlosink

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caroline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1867

8. AGE: Years 75 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Salt Works Co

FATHER
12. Name John Johnlosink
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John Johnlosink
(b) Address 4709 Loch Raven Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 10 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wilson Co Inc
(b) Address 1217 E Fort Ave

19 (a) Filed JUL 8 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/18/43 19 to 7/4/43 19 and that I last saw him alive on 7/4/43 19

Immediate cause of death: Myocarditis — Duration

Due to Arteriosclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kenny

Address 1810 Broadway Date signed 7/6/43

VS 180

G 06147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93d

Registered No. G 06147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4703
(b) Street address Hanpanett Rd.
(c) Hospital or institution: Pinehill Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2wks.
(e) Length of stay in Baltimore (yrs., mos., or days) " " "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Lawson 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Klass

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ada Klass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7th 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	9	29		

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Foreman (Highways)
11. Industry or business Balto. Co. Employ

FATHER
12. Name John G. Klass
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Grill
15. Birthplace Germany

16 (a) Informant J. Geo. Klass
(b) Address Joppa Rd. Lawson 4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9th 43
(month) (day) (year)
(c) Cemetery or crematory St. Johns Cath.
Location Balto. Co. Md

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd.

JUL 8 - 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1943, at 9:0 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to July 6 1943, and that I last saw him alive on July 3 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 16 days
Due to Hypertension — unknown
Due to
Other Conditions Chr. myocarditis — unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. M. Bacon M. D.
Address 2810 Jay la Ave. Date signed 7/7/43

VS 1

C 06148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. C 06148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Etting Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Langhorn

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1887

8. AGE: Years	Months	Days	If less than one day
56 55	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George Langhorn Jr.
(b) Address Owings Mills, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1943 (month) (day) (year)
(c) Cemetery or crematory A. Jukes Cem
Location Reisterstown, Md

18 (a) Funeral director Wm. George H. Holland
(b) Address 1634 Druid Hill Ave

19 (a) 7-8-1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6- 1943, at 2:45 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malpass M.D. Medical Examiner.
Date signed 7-7-43

VS 181

06149

BALTIMORE CITY HEALTH DEPARTMENT

MT-80799

CERTIFICATE OF DEATH 1480

G 06149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos., 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 Dover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelmena Haywood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1920

8. AGE: Years	Months	Days	If less than one day
22	10	8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Proctor
13. Birthplace ?

MOTHER
14. Maiden Name Bertina R. Chardson
15. Birthplace Md.

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1943 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Balto. City Md.

18 (a) Funeral director Rev. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) July 8 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1943 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1943 to 7-4 1943 and that I last saw h[illegible] alive on 7-4 1943.

Immediate cause of death — Duration

Carcinoma of Cervix — 16 mo

Due to with Metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Kelly M.D.
Address Balto City Hosp Date signed 7-5-43

VS 180

G 06150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

G 06150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mich. (b) County Kent
(c) City or town Grafont, Michigan
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Lucille Sorensen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Sorensen
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1913

8. AGE: Years 30 | Months 6 | Days 22 | If less than one day hr. 9 min. 12

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Swan Johnson
13. Birthplace Sweden

MOTHER
14. Maiden Name Ida. Johnson
15. Birthplace Michigan

16 (a) Informant Husband
(b) Address Grafont, Michigan

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-8-43 (month) (day) (year)
(c) Cemetery or crematory Grand Rapids Michigan
Location

18 (a) Funeral director John J. Connelly
(b) Address 418 Eastern Ave.

19 JUL 8 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943, to July 7 1943, and that I last saw h[illegible] alive on July 7 1943.

Immediate cause of death Ventricular Fibrillation — Duration

Due to Peripheral Vascular Collapse

Due to Malarial Therapy

Other Conditions Tertiary Lues.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac R. Gelfstein M. D.
Address Sinai Hospital Date signed 7-7-43

VS 130

13

06151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193d

G 06151 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Woodington Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jeremiah O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1902

8. AGE: Years	Months	Days	If less than one day hr.	min.
37	10	5		

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank J. Berlage
13. Birthplace BALTO MD

MOTHER
14. Maiden Name Rose L. CARLE
15. Birthplace BALTO. MD

16 (a) Informant Mr. J. O'Brien
(b) Address 818 Woodington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director J. Bailey Hoge
(b) Address 2218 Light St.

19 (a) (Date received by local registrar) (b) Huntingtown Williams, Md.

JUL 8 1943

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1943 at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1943 to 7-6 1943. and that I last saw h[illegible] alive on 7-6 1943.

Immediate cause of death Degenerative Myocardial Disease

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Arthur Rooney

Address St. Agnes Hosp. Date signed 7/9/43

Physicians: please write the causes of death clearly and legibly.

AB- 70068 G 06152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 06152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 w 1d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Elizabeth Dudley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18-1861

8. AGE: Years 81 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Dudley
13. Birthplace ?

MOTHER
14. Maiden Name Julia ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Brooklyn P.O. Balto. Md.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St

19 (a) Filed 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6 1943, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943, to 7/6 1943 and that I last saw h[illegible] alive on 7/6 1943.

Immediate cause of death: Bronchopneumonia — Duration 6 d.

Due to: Gen. debility & senility

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not Asked

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Feigenson M.D.
Address Balto. City Hosp. Date signed 7/6/43

G 06153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 06153 Registered No.

Physicians: please write the causes of death clearly and legibly. The information should be carefully

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 484 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4223 Ivanhoe Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V. McDonough 72377

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1915

8. AGE: Years	Months	Days	If less than one day
27	10	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation registered nurse

11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Manie Krempler
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 8-43
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Govans Md.

18 (a) Funeral director Thos. G. Madden
(b) Address 4201 Greenmount Ave

(a) Date received JUL 6 1943 (b) Registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 43 at 5:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9 19 42 to July 6 19 43, and that I last saw her alive on July 6 19 43

Immediate cause of death

Pulmonary tuberculosis — Duration: 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Hall M. D.
Address [illegible] BCH Date signed 7/6/43

G 06154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 W. Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Martini

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 5/4/1889

8. AGE: Years	Months	Days	If less than one day
54	2	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Leather Box Factory

FATHER
12. Name Adolph Martini
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Schisler
15. Birthplace Md.

16 (a) Informant Adolph Martini
(b) Address 147 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem.
Location Baltimore

18 (a) Funeral director William Cook Jr.
(b) Address 1217 E. Pratt St.

19 (a) Filed 7/9/43 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 4:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic myo. cardial degeneration

Due to

Other Conditions Old infarct of brain
Aneurysm of aorta
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Fraker M.D. Medical Examiner.
Date signed 7/8/43

VS 151

G 06155
437522

BALTIMORE CITY HEALTH DEPARTMENT X G 06155 Registered No.
CERTIFICATE OF DEATH 134a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Brucewood - (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Medlin
3 (b) If veteran, name war
3 (c) Social Security Account No. 194-03-5735

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Georgia
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 4-26-07

8. AGE: Years 36 | Months 2 | Days 11 | If less than one day: hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wiley R. Medlin
13. Birthplace Fla.

MOTHER
14. Maiden Name Elizabeth Wilkenson
15. Birthplace Fla.

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Elkton Spring md

18 (a) Funeral director Snyder & Rolland
(b) Address Elkton Spring md

19 (a) Filed JUL 8 1943 (b) Registrar Washington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 7 1943 and that I last saw h[illegible] alive on July 7 1943

Immediate cause of death: Coronary occlusion. — Duration

Due to

Due to

Other Conditions Nephrolithiasis - Uremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Singleton M. D.
Address Johns Hopkins Hosp. Date signed 7/8/43

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

G 06156

BALTIMORE CITY HEALTH DEPARTMENT X ✓

CERTIFICATE OF DEATH 5 | 0

Registered No. G 06156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. Chapelgate Ld.
(c) Hospital or institution: Pine Crest Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

25 ✓ 4

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Cecil
(c) City or town Rolandsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W. MOORE

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1851

8. AGE: Years	Months	Days	If less than one day
92	0	12	hr. min.

9. Birthplace Laurel, Del. (Town, county, and state)
10. Usual Occupation miller
11. Industry or business

FATHER
12. Name Wm. H. Moore
13. Birthplace Delaware

MOTHER
14. Maiden Name Margaret Wheatley
15. Birthplace Delaware

16 (a) Informant Mr. Clark Moore, son
(b) Address Drexel Hill, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/ /43 (month) (day) (year)
(c) Cemetery or crematory West Laurel Hill
Location Montgomery Co., Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUL 9 - 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1943, at 3:54 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31, 1943 to July 8, 1943 and that I last saw h alive on July 6, 1943

Immediate cause of death — Duration

Carcinoma of Prostate — 1 yr 2 mo

Due to Metastatic Carcinoma ?

Due to

Other Conditions Starvation — June 29

(Include pregnancy within 3 months of death)

Date of operation Feb. 1940 ?

Major findings of operation: Carcinoma of prostate

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hall Pass, M. D.
Address 4001 Wilhemina Ave Date signed 7-8-43

VS 150

06157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Sparrows Point Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Floyd Schmack

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 104 16 9066

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 17 1902

8. AGE: Years 41 | Months 0 | Days 22 | If less than one day: hr. min

9. Birthplace WILLIAMSPORT PA. (Town, county, and state)

10. Usual Occupation MACHINEST

11. Industry or business SPARROWS POINT MD.

FATHER
12. Name GEORGE SCHMACK
13. Birthplace PENNA.

MOTHER
14. Maiden Name LOUISE CLINTON
15. Birthplace PENNA.

16 (a) Informant VIOLA SCHMACK (SISTER)
(b) Address 7404 BAYFRONT ROAD. SPT. MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10/43 (month) (day) (year)
(c) Cemetery or crematory MOSQUITO VALLEY CEM.
Location WILLIAMSPORT PA.

18 (a) Funeral director Lilley and Zeiler INC
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) JUL 9 - 1943 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 8:40 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Status epilepticus

Due to

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed July 8 1943

VS 181

G 06158 436745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G 06158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 N. Montford Ave (If no street location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kramer

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie Wachsmuth
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-16-67

8. AGE: Years	Months	Days	If less than one day
76	3	22	##### min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired (watchman)
11. Industry or business Clothing Mfg.

FATHER
12. Name Richard Kramer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Smith
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd. Balto. Md.

18 (a) Funeral director George J. Roth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUL 9 – 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to July 8 1943, and that I last saw him alive on July 8 1943.

Immediate cause of death: Uremia ? Carcinoma Pneumonia — Duration: 1

Due to

Due to

Other Conditions Carcinoma Bladder (Urinary)
(Include pregnancy within 3 months of death)

Date of operation 6-28-43

Major findings of operation: Carcinoma right ureter –

of autopsy: Carcinoma of bladder –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Strong M. D.
Address John Hopkins Hosp Date signed

VS 180

06159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G 06159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 S. Eaton Av
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 27yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and name town)
(d) Street No. 518 S. Eaton Av (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Wm H. Mills

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7th 19[illegible]

8. AGE: Years	Months	Days	If less than one day
—	—	—	12 hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Ernest H Mills
13. Birthplace Md

MOTHER
14. Maiden Name Evelyn M. Flood
15. Birthplace Md

16 (a) Informant Ernest H Mills
(b) Address 518 Eaton Av 7/9/43

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md

18 (a) Funeral director J. D. Turnbull Son
(b) Address 151 W. Baltimore St

JUL 9 - 1943 (Date rec'd by Registrar)

(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 5:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 8 1943, and that I last saw h[illegible] alive on July 7 1943.

Immediate cause of death — Cerebral Hemorrhage
Patient very comatose

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H Katzenberger M.D.
Address 721 Medical Bldg Date signed 7/8/43

VS 8

G 06160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G 06160

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31 Birckhead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Birckhead St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Robert MARLL

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1897

8. AGE: Years	Months	Days	If less than one day
46 45	4	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dyer
11. Industry or business Linen Thread Co.

FATHER
12. Name Charles A. Marll
13. Birthplace Md

MOTHER
14. Maiden Name Mary Lebutty
15. Birthplace Md

16 (a) Informant Mrs Dena Scarborough
(b) Address 31 Birckhead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Williams Cook & Sons
(b) Address 1217 St. Paul St.

19 (a) Filed by me JUL 9 1943 Registrar Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at 10 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1943 to July 7 1943, and that I last saw deceased alive on July 6 1943.

	Duration
Immediate cause of death: Acute dilatation of heart	1 day
Due to Mitral Regurgitation	Indef.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. F. Campbell
Address 1644 Harwood Date signed 7/8/43

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

06161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 159 ✓

Registered No. 6-06161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilson & Calvin Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Victory Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Daack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			1½ hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jerome Daack
13. Birthplace N.Y.

MOTHER 14. Maiden Name Anna Marie Krontil
15. Birthplace N.Y.

16 (a) Informant Jerome Daack
(b) Address 1910 Victory Drive - Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

JUL 9 - 1943 (Date rec'd by Registrar) (b) Registrar for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7 1943 to 7/8 1943. and that I last saw him alive on 7/8 1943.

Immediate cause of death	Duration
Prematurity	
Due to Apotaxia Illness of mother	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Webster M.D.
Address St Agnes Hosp. Date signed 7/8/43

Physicians: please write the causes of death clearly and legibly. Any information should be carefully ~~and~~ ~~especially important.~~

G 06162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 06162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Bauer

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-05-4936

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Dennie E. Bauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1896

8. AGE: Years 47 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Shipyard Worker

11. Industry or business Mfg. Drydocks

FATHER
12. Name August Bauer
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret Maguire
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Sadie Covington
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Avenue

18 (a) Funeral director Collins E. Hilt
(b) Address 1606 N. Chester St.

JUL 9 - 1943
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute coronary thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 8 1943

VS 181

G 06163 #36941

BALTIMORE CITY HEALTH DEPARTMENT ✓ X 54B

CERTIFICATE OF DEATH

G 06163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Second Rd. Stansbury Estate (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Lawrence Willison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-40

8. AGE: Years	Months	Days	If less than one day
3		6	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Floyd Willison
13. Birthplace S.D.

MOTHER
14. Maiden Name Florence Sparks
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/43 (Month) (Day) (Year)
(c) Cemetery or crematory Riverside Cemetery
Location Whitney Point N.Y.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JUL 9 - 1943 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943 to July 8 1943 and that I last saw [illegible] alive on July 8 1943

Immediate cause of death Cerebral Edema. Following operation for brain tumor

Due to Brain Tumor

Due to

Other Conditions

(Include pregnancy within past year)

Date of operation 7/7/43

Major findings of operation Metastasis, malignant tumor of meninges.

of autopsy:

Duration
3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorothea D. Foggia
Address Johns Hopkins Hospital Date signed 7-9-43 M.D.

Physicians: please write the causes of death clearly and legibly. Any information should be carefully [illegible] necessary important.

06164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 06164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Homestead St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Homestead St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Wm Clifton Fantom.

3 (b) If veteran, name war

3 (c) Social Security Account No. 164-09-9867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Idonia L Fantom
6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) June 14, 1906

8. AGE: Years	Months	Days	If less than one day
87		24	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation President
11. Industry or business Balto Storage Co

FATHER
12. Name John E Fantom.
13. Birthplace Pa

MOTHER
14. Maiden Name Annie L Taylor
15. Birthplace Md.

16 (a) Informant Idonia L. Fantom
(b) Address 708 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Chesnut & Donovan
(b) Address 3615-17 Eastern Ave.

19 (c) JUL 9 = 1943 Washington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1943, at 1 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1943, to July 7 1943, and that I last saw h[illegible] alive on July 7 1943.

Immediate cause of death Cardio renal Vascular disease (Malignant hypertension)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. J Sadler M. D.
Address 2306 Eutaw St Date signed 7-8-43

Please write information clearly and legibly. Physicians: please write the causes of death clearly and legibly.

G 06165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 82

Registered No. G 06165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St - City
(c) Hospital or institution:
Home for Incurables - 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr - 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days - Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Balto - Md - (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St (If rural give location)
(e) Citizen of foreign country? No - (Yes or No) If yes, name country

3 (a) FULL NAME Charles Reynold Phillips.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no -	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1 - 1895

8. AGE: Years	Months	Days	If less than one day
47	11	6	hr. min.

9. Birthplace Balto - Md - (Town, county, and state)
10. Usual Occupation none -
11. Industry or business

FATHER
12. Name Thomas Phillips.
13. Birthplace Carroll County Md

MOTHER
14. Maiden Name Sara Belle Dorsey
15. Birthplace Middletown Md

16 (a) Informant Kay & Wheaton
(b) Address 702 W. 40th St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Baltimore
Location Baltimore

18 (a) Funeral director Thomas Phillips
(b) Address 261 W. Fayette St Huntington Phillips M.D.

19 (a) JUL 9 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1941, to 7/7 1943, and that I last saw him alive on 7/7 1943.

	Duration
Immediate cause of death Syringomyelia	22 yrs.
Due to (Brown-Sequard Syndrome)	2 yrs.
Due to	
Other Conditions Fracture Left Humerus	3 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-4-43 ? M
(c) Where did injury occur? Home for Incurables (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Nurse was turning him

23. Signature W. Shipton Hershberger
Address 214 Medical Arts Bldg Date signed 7/7/43

VS 3

Affirmed by Howard Mackey M.D.

43-6984 06166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06166 / 123

Registered No.

Physicians: please write the causes of death clearly and legibly. The information should be carefully compiled. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Murray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-08

8. AGE: Years 34 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Murray
13. Birthplace S.C.

MOTHER
14. Maiden Name Mattie Murray
15. Birthplace S.C.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11th (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Edwd O Wilson
(b) Address 1600 Brantley

19 (a) (Date received by Registrar) JUL 9 1943 (b) Registrar Huntington Hillcrest, Md

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943 to July 7 1943 and that I last saw him alive on July 7 1943.

Immediate cause of death: Diverticulitis of colon — Duration: 12 days

Due to

Due to

Other Conditions: Diverticulosis of colon (Include pregnancy within 3 months of death)

Date of operation June 25, 1943

Major findings of operation: Diverticulitis of left colon & abscess formation

of autopsy:

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Bunch M. D.
Address Hopkins Hospital Date signed 7-7-43

G 06167 MJ-81297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 06167 Registered No.

The information should be carefully supplied. To ... Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Bradley St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1900

8. AGE: Years	Months	Days	If less than one day
43	5	27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Counter man

11. Industry or business

FATHER 12. Name Bernard Taylor

13. Birthplace Maryland

MOTHER 14. Maiden Name Philomenia King

15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10th /43 (month) (day) (year)

(c) Cemetery or crematory Balto, National

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1005 Bryantley

19 (a) [illegible] (b) [illegible] (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1943, to 9-7 1943, and that I last saw h[illegible] alive on 7/7 1943.

Immediate cause of death: Pulmonary TBC — Duration: 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Mott M. D.

Address B. C. H. Date signed 7-7-43

G 06168

AB-39490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 06168 Registered No.

The information should be carefully supplied. The registrant: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4m 7d & 10
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs

10 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Souza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years	Months	Days	If less than one day
69?	?	?	hr. min.

9. Birthplace Portugal (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace Portugal

MOTHER
14. Maiden Name ?
15. Birthplace Portugal

16 (a) Informant Baltimore City Hospital
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10th 42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Calvery

18 (a) Funeral director Colvin & Wilson
(b) Address 1000 Brantley

19 JUL 9 1942 (b) Huntington Hilliard M.D.
(Delivered to registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-6 1942, at 1:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1942 to 7/6 1942 and that I last saw h alive on 7/6 1942

Immediate cause of death: Cerebral Accident — Duration: 1 min

Due to: Old Lobar — Duration: 5 yrs

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattina M. D.
Address B. C. H. Date signed 7/6/42

VS 150

6169 Do not call

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1463

G 06169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Arabian Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 63
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Arabian Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Louis Muller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Susan M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25-1859

8. AGE: Years	Months	Days	If less than one day
84	5	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Accountant

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Edwin W. Muller
(b) Address 3010 Arabian Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto

18 (a) Funeral director Leonard Pruden
(b) Address 4005 Hartford Rd

JUL 9 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1943 at 9:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to July 5 1943 and that I last saw him alive on July 3 1943.

Immediate cause of death Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schreiber M.D.
Address 1912 E. North Ave Date signed 7/9/43

VS 3

G 06170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1168

G 06170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Jackson Dameron

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	divorced

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1905

8. AGE: Years	Months	Days	If less than one day
38	1		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business Evangelist

MOTHER / FATHER
12. Name Adolphus Dameron
13. Birthplace Virginia
14. Maiden Name Lillie Neal
15. Birthplace Virginia

16 (a) Informant Willie Jackson
(b) Address 1863 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Gegg & Kelson
(b) Address 1303 Pleasant Ave.

19 — 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 4:35 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Crushed head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 8 1943 at 4 A.M.
(b) Where did injury occur? 1112 Stricker St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Motor car

23. Signature Robert Lee Graham M.D. (Medical Examiner.)
Date signed July 8 1943

VS 181

G 06171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 06171 Registered No.

Physicians: please write the causes of death clearly and legibly. The information should be carefully recorded. The accuracy is important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3833 Park Heights
(c) Hospital or institution:

(d) Length of stay in hospital or inst. yrs., mos., or days 15 + 15
(e) Length of stay in Baltimore yrs., mos., or days 29 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(b) Street No. 3833 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ABRAHAM GUDIS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Sara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25
8. AGE: Years 67 Months Days If less than one day hr min
9. Birthplace Petrograd Russia
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nathan Gudis
13. Birthplace Russia

MOTHER
14. Maiden Name Selma
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Hamilton Ave

18 (a) Funeral director Jos. Davis Inc
(b) Address 1439 E. Balto St

19 (a) [illegible] Registrar
VOID 9 1943 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-43 19 43 at 10 55 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from March 23 1943 to July 8 1943, and that I last saw him alive on July 5 1943

Immediate cause of death Coronary thrombosis — Duration 1 hour
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Blum, M.D.
Address 3431 Park Heights Ave Date signed 7/8/43 M.D.

G 06172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 158

G 06172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 Dorn Court
(c) Hospital or institution: Lemuel Sp Hosp. 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life & mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Dorn Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Glenda Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1943

8. AGE: Years | Months: 3 | Days: 5 | If less than one day: hr min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER
12. Name Rufus Lynch
13. Birthplace S. C.
14. Maiden Name Kathryn Smith
15. Birthplace Balto. Md.

16 (a) Informant Kathryn Smith
(b) Address 1406 Dorn Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Miss Katie V. Williams
(b) Address 322 N. Bethodes St

19 JUL 9 - 1943 (Date rec'd by registrar) (b) Huntington Williams Mort

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7- 1943, at 4 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 .
and that I last saw her alive on 7-6- 1943.

Immediate cause of death Marasmus — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilfred K. Konigsher M.D.
Address 2270 Eutaw Pl Date signed 7/8/43

VS 1

G 06173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06173
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 S. Regester St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eggs

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 1, 1903

8. AGE: Years	Months	Days	If less than one day
		1	35 hr min

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name William J. Balderston
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Hedwig V. Eggs
15. Birthplace Baltimore Md.

16 (a) Informant Hedwig V. Eggs
(b) Address Baltimore Md

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 9/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

19 (a) JUL 9 - 1943 (Date received by registrar)

Undertaker Williams M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, 7/40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: respiratory failure

Due to: premature

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian F. Richter M.D.
Address 22 Joseph's Hosp Date signed 7/9/43

VS 3

C 06174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ Registered No. C 06174

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1503 E Fort ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1503 E Fort ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Julia Mc Hale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race w.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. [illegible]

8. AGE: Years 57 Months Days If less than one day hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Shirt work

11. Industry or business

FATHER

12. Name William Mc Hale

13. Birthplace Baltimore

MOTHER

14. Maiden Name Honora Kelly

15. Birthplace Baltimore

16 (a) Informant Miss Mc Hale

(b) Address 1503 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/43 (Month) (Day) (Year)

(c) Cemetery or Crematory Lakewood

Location Lakewood Cem

18 (a) Funeral director Huntington Williams

(b) Address [illegible]

JUL 9 – 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1938 to 7/7 1943

and that I last saw h[illegible]ive on 7/7 1943

Immediate cause of death Marked general arteriosclerosis — Duration 5 yrs

Due to

Due to

Other Conditions acute Circulatory collapse — 4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify)

(e) Means of injury

23. Signature D. Palagio M. D.

Address 532 [illegible] Filed 7/8/43

VS 3

06175

436858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52B

G 06175
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Appleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Rahming

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8010

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-5-92

8. AGE: Years 50 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Clerk in Dept. —

11. Industry or business York Safe + Lock Co

FATHER 12. Name Edward Rahming

13. Birthplace Md

MOTHER 14. Maiden Name Barbara Bayer

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1943 (Month) (day) (year)

(c) Cemetery or crematory Mgr. Cathedral

Location Balto. Md.

18 (a) Funeral director Harry A. Wilke

(b) Address 401 E Monument Ave

19 (a) JUL 9 - 1943 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

12

20. DATE OF DEATH July 7, 1943 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to July 7 1943 and that I last saw her alive on July 7 1943

Immediate cause of death

Uremia — Duration 2 days

Due to Pyelonephritis — 9 days

Due to Post ureterosigmoidostomy, bilateral

Other Conditions Carcinoma, bladder — 2 yrs.

(Include pregnancy within 3 months of death)

Date of operation June 28, 1943

Major findings of operation: Carcinoma, Bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.

Address Johns Hopkins Hosp. Date signed 7-7-43

Physicians: please write the causes of death clearly and legibly.

06176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G 06176

Registered No. 6

Physicians: please write the causes of death clearly and legibly. Any information should be carefully supplied. The accuracy of this important...

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Loudon Park Cemetery

(c) Hospital or institution: University 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

a. State Md. b. County Howard

(c) City or town Elkridge

(If outside city or town, limits, write RURAL and give town)

d. Street No. Main St

(If rural give location)

(e) Citizen of foreign country? (Yes or No) ✓

If yes, name country

3 (a) FULL NAME Elizabeth H. Buckingham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elias Buckingham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1883

8. AGE: Years 60 Months Days 17 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Henning

13. Birthplace Germany

MOTHER 14. Maiden Name Dellenbauer

15. Birthplace Germany

16 (a) Informant Elias Buckingham

(b) Address Main St. Elkridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitchell

(b) Address 4101 E. Lombard

JUL 9 - 1943 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/43 19 . at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 AM 7/8 1943 to 12 PM 7/8 1943.

and that I last saw h alive on 12 PM 7/8 1943.

Immediate cause of death Meningococcemia

Duration 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature M. V. Palmer M. D.

Address University Hospital Date signed 7/8/43

VS 150

Nickols ✓

6177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G 06177

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1837 W. Fayette St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1837 W Fayette St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis A. Nickols

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-2778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Clara A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 07

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	4	17		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Elec. Contractor

11. Industry or business

FATHER 12. Name Fred A Nickols

13. Birthplace Maryland

MOTHER 14. Maiden Name Eliza Sidney

15. Birthplace Maryland

16 (a) Informant Mrs Edward Nick

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Edmondson Ave

18 (a) Funeral director Fred R Kenny

(b) Address 1223 Lafayette Ave

19 (a) JUL 9 — 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to July 7 1943 and that I last saw him alive on July 7 1943

Immediate cause of death	Duration
(a) Coronary Thrombosis	1 day
Due to (b) Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Martin M Shook M.D.

Address 4 Gallon Date signed July 8 1943

VS 8

G 06178

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 06178 Registered No.

CERTIFICATE OF DEATH 47c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 Ridgewood Rd.
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Ridgewood Rd.
(If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Mary Lyons Hoen

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert B. Hoen
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr) 10/4/1873

8. AGE: Years	Months	Days	If less than one day
69	10?	4	--- hr. --- min

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----------

FATHER
12. Name John Lyons
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Lloyd
15. Birthplace Ireland

16 (a) Informant Mr. Albert B. Hoen
(b) Address 100 Ridgewood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/43 (month) (day) (year)
(c) Cemetery ~~[illegible]~~ New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director H. W. Meare and Son
(b) Address 805 N. Calvert St.

JUL 9 - 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) (Registrar)

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943. at 7.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to July 8 1943. and that I last saw her alive on July 8 1943.

Immediate cause of death

		Duration
Due to	Bronchogenic Carcinoma	1 year
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence. at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William F. Pearce
Address 2105 N. Charles St Date signed 7/9/43

Physicians: please write the causes of death clearly and legibly. Any omission or incorrect information should be carefully supplied. The

G 06179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 06179 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Reisterstown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS K. ELBERTSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Lydia F. Elbertson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1894

8. AGE: Years	Months	Days	If less than one day
48	11	11	hr. min.

9. Birthplace Mt. Holly, N. J.
(Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business Superintendent

FATHER
12. Name Joseph Elbertson
13. Birthplace N. J.

MOTHER
14. Maiden Name Jane Kennedy
15. Birthplace Scotland

16 (a) Informant Mrs Lydia Elbertson
(b) Address 3000 Reisterstown Rd

17 (a) Removal (b) Date thereof 7-9-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Holly Cem
Location Mt. Holly N. J.

18 (a) Funeral director Wm. J. Tuckers & Son
(b) Address North & Penna Ave
(a) JUL 9 1943 Lexington Williams, Mgr
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 8 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carmary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. Z. Wallenmeyer M.D.
2nd Medical Examiner.
Date signed 7-9-43

G 06180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a

G 06180 Registered No.

The ... information should be carefully supplied. The ... important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3353 Chestnut Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3353 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George P. Rice

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Ellen A. Rice
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 5 - 1858
8. AGE: Years 84 | Months 11 | Days 3 | If less than one day: hr. min.
9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Retired 15 years

MOTHER / FATHER
12. Name Lewis D. Rice
13. Birthplace Germany
14. Maiden Name Caroline Keller
15. Birthplace Germany

16 (a) Informant Lewis H. Rice
(b) Address 3353 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date received by registrar) JUL 9 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943, to July 8 1943, and that I last saw him alive on 19

Immediate cause of death
Myocardial insufficiency
Due to
Due to Cerebral hemorrhage
Other Conditions
R S Hemiplegia
(Include pregnancy within 3 months of death)

Duration: 4 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Williams
Address 3429 Chestnut Ave. Date signed 7/8/43 M. D.

06181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7912 Oakdale Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Tratta
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Frank Tratta
13. Birthplace New York, New York
14. Maiden Name Nellie Bayne
15. Birthplace Baltimore, Maryland

16 (a) Informant Nellie Tratta
(b) Address 7912 Oakdale Ave., Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 9 1943
Commissioner of Health
18 (a) Funeral director
(b) Address
19 JUL 9 1943 (Signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1943, at 10:20 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 4 1943, and that I last saw her alive on July 4 1943.

Immediate cause of death: atelectasis
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Morris L. Rukstan M.D. M. D.
Address Sinai Hospital Date signed 7/9/43

VS 3

0232

06182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06182
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lona Thelma Phillips

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			8 hr. 7 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Bruce Phillips
13. Birthplace Greer, S. C.

MOTHER
14. Maiden Name Thelma Fisher
15. Birthplace Greer S. C.

16 (a) Informant Thelma Phillips
(b) Address 908 N. Fulton Ave, Balt. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 9 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 9 1943 (Date filed by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1943, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to June 26 1943 and that I last saw KEY alive on June 26 1943.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris F. Ratatuen M. D.
Address Sinai Hospital Date signed 6/29/43

VS 1

10231

G 06183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47a

Registered No. G 06183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Little Sisters of Poor, Valley & Brookview Sts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph P. Neary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
M	W	W.

6 (b) Name of husband or wife Mary Barkes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1871

8. AGE: Years	Months	Days	If less than one day
71	7	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Shoo, Neary
13. Birthplace ?

MOTHER
14. Maiden Name Eliz. McGuigan
15. Birthplace ? ?

16 (a) Informant St Joseph's Hospital
(b) Address Caroline & Oldtown St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 917 Greenmount Ave.

JUL 9 – 1943 (Date Rec'd by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 11:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-31 1943, to 7-7 1943, and that I last saw h[illegible] alive on 7-7-43 1943.

Immediate cause of death Carcinoma of larynx.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Tracheotomy - 6-2-43-
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klymonave
Address St. Joseph's Hosp. Date signed 7-9-43

(over)

G 06184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 06184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Woodbourne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Baker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, '43

8. AGE: Years — | Months — | Days 20h | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Melville Baker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Murphy
15. Birthplace Brooklyn, N.Y.

16 (a) Informant Melville Baker
(b) Address 600 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery or crematory N. Cathedral
Location Frederick Rd.

18 (a) Funeral director M. W. E. Byrnes Sons
(b) Address Howard - Ryan Sts.

19 (a) July 9 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 9 1943, and that I last saw h alive on 19

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuerting M.D.
Address St. Joseph's Hosp. Date signed 7-9-43

VS 3

6185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. C 06185

YA 79998

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo. 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 725 N. Carey St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Ralls

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Melvin Ralls

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1909

8. AGE: Years	Months	Days	If less than one day
33 yrs.	9	22	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Sterling Peacock (d)

13. Birthplace

MOTHER

14. Maiden Name Almeta Mackey

15. Birthplace N. C.

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address (RECORDS)

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 10, 1943 (month) (day) (year)

(c) Cemetery or crematory

Location Strausburg Virginia

18 (a) Funeral director Mrs. R.C. Elliott & Daughter

(b) Address 1124 N. Carey St

JUL 9 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

YS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1943, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1943 to 7-7 1943 and that I last saw h[illegible] alive on 7/7 1943.

Immediate cause of death: Pulmonary TBC — Duration 3 Y

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul Hall M. D.

Address B. C. 4 Date signed 7/8/43

Physicians: please write the causes of death clearly and legibly.

G 06186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06186 / 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins and Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Catonsville
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Meadowbrook Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Philbrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-43

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harold Philbrick
13. Birthplace Mass.

MOTHER
14. Maiden Name Marian Jones
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (b) Date thereof 7-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Guy A. Farley
(b) Address Fulton & Fayette

19 (a) (b)
(Signature) (Date received) 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/26/ 1943 to 7/9/43 19 , and that I last saw her alive on 7/9/43 19 .

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Bryan M.D.
Address St. Agnes Hosp Date signed 7/9/43

Huntington Williams, M.D.

G 06187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 830

G 06187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Frankford ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Frankford ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Jane Ford.

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George E. Ford.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9, 1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	3	29		

9. Birthplace Fairmount Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at Home.

FATHER
12. Name Edward Dize
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Marshall
15. Birthplace Md.

16 (a) Informant Mrs. Cready
(b) Address 4104 Frankford ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 11 43 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Fairmount Md

18 (a) Funeral director J. J. Bradshaw
(b) Address Brookfield Md.

(c) Date received JUL 9 1943 (d) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943. at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1943 to July 8 1943.
and that I last saw h[illegible] alive on July 7 1943.

Immediate cause of death — Duration
Cerebral Hemorrhage

Due to

Due to Arteriosclerosis & Hypertension.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 5402 Belair Rd. Date signed 7-9-43

G 06188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 800a

G 06188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS EARL WINTER

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 217-14-4969

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept 4-1922

8. AGE: Years	Months	Days	If less than one day: hr.	min.
20	10	4 5		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Glenn L. Martin
11. Industry or business

FATHER
12. Name Hensel O. Winter
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Grabenstein
15. Birthplace Md.

16 (a) Informant Jacob Hafer Tow
(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/43 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cemetery
Location Cumberland Md

18 (a) Funeral director John O. Mitchell Sons
(b) Address 100 Eutaw Place
7-9-1943 Huntington Williams, M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 6 a.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Abscess of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature J. L. Wallenmeyer M.D. Asst. Medical Examiner
Date signed 6-9-43

VS 161

G 06189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 06189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3329 Elmley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 Elmley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Mc-Allister

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2322

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Male	White	Married

6 (b) Name of husband or wife Annie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13th 1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	6	24		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Boat trim mate boat yard

11. Industry or business

FATHER
12. Name Robert J. Mc Allister
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Mc Cormick
15. Birthplace Pa

16 (a) Informant Annie E. Mc-Allister
(b) Address 3329 Elmley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Moreck
(b) Address 715 Light St

19 JUL 10 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1943 19 . at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1943 to 7-7- 1943 and that I last saw him alive on 7-7- 1943.

Immediate cause of death: Chronic Valvular heart disease — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton C. Haug

Address 2117 Belair Rd Date signed 7-8-43 M. D.

VS 180

06190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. C 06190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-6-14
(e) Length of stay in Baltimore (yrs., mos., or days) 1-6-14

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 5615 - 4½ Street, N.W. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nora H. Melton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1882

8. AGE: Years	Months	Days	If less than one day
61	6	4	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Richard O. Melton
13. Birthplace Maryland

MOTHER
14. Maiden Name Hanyan
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location
18 (a) Funeral director James J. Ryan (Sons)
(b) Address 3017 Rhode Island Ave. N.E. D.C.
JUL 10 1943 (b) Hunter for Williams M.D. (Registrar) (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943, at 2:58 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1941 to July 9, 1943, and that I last saw her alive on July 9 1943.

Immediate cause of death: Acute Circulatory Collapse — Duration: 1 day
Due to: Amputation of Uterus
Due to: Carcinoma — 19 months
Other Conditions: Operated Nov. 1941 for Metrorrhagia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James P. Hayes M. D.
Address 3376 Woodbine Ave. Signed

VS 8

216-18-4662

06191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06191
Registered No.

VA 79741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo. 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Thompson 216-18-4662

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1926

8. AGE: Years	Months	Days	If less than one day
17 16	1	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Campbell (d)
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 748 Washington Blvd. Mt. Williams, Md.

19 JUL 10 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1943, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1943, to 7/7 1943, and that I last saw h[illegible] alive on 7/7 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Halstead M. D.
Address Balto Date signed 7/8/43

VS 250

G 06192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. G 06192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Penn St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-6132

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day hr.	min.
44				

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER 12. Name James Shopts

13. Birthplace N. C.

MOTHER 14. Maiden Name Maria Brown

15. Birthplace

16 (a) Informant Bessie Brown

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

19 JUL 10 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 4:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1943, to July 7 1943, and that I last saw h alive on July 7 1943.

Immediate cause of death: Chronic Nephritis — Duration

Due to Prostatic Disease

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Bamfield M.D.

Address Provident Hospital Date signed 7-9-43

VS 8

6193 437175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

G 06193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E Preston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin Pond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 11-26-71

8. AGE: Years 71 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Brooklyn N.Y. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Steff Co

FATHER
12. Name Arthur Pond
13. Birthplace NY

MOTHER
14. Maiden Name Margaret ?
15. Birthplace NY

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) JUL 10 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 6:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JUN 30 1943 to July 9 1943 and that I last saw him alive on July 9 1943.

Immediate cause of death Pneumonia, — Duration 6 days

Due to Postoperative from subtotal gastric resection. — 9 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/1/43

Major findings of operation: Gastric ulcer.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Johns Hopkins Hosp. Signed 7/9/43

6194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3160 Ravenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3160 Ravenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Mebus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Mamie Mebus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1891

8. AGE: Years 51 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county and state)

10. Usual Occupation Retired Police Officer

11. Industry or business Balto City

FATHER
12. Name Henry Mebus
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia V.
15. Birthplace "

16 (a) Informant Mamie Mebus
(b) Address 3160 Ravenwood Ave

17 (a) Burial (b) Date thereof 7/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) JUL 10 1943 Huntington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1943, at 9.22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1943, to 7-8- 1943, and that I last saw him alive on 7-8- 1943.

Immediate cause of death: Cerebral Apoplexy — Duration: 2 days

Due to: Arteriosclerosis — ?

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Melton C. Lang M. D.
Address 2117 Belair Rd Date signed 7-9-43

06195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

G 06195
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 N. Caroline st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Caroline st
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George R. Gorsuch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Lillie P. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1869

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	5	22		

9. Birthplace Reyville Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Banker

FATHER
12. Name William Gorsuch
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Carrie F. Hunt
15. Birthplace Md.

16 (a) Informant Carrie N. Gorsuch
(b) Address 1704 N. Caroline st

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Bork Inc
(b) Address 1217 St. Paul st.

19 (a) JUL 10 1943 Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to July 9 1943, and that I last saw him alive on July 8 1943.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to Cerebro-vascular accident

Due to

Other Conditions Arteriosclerotic Psychosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lang M. Zimmerman
Address 2558 Harford Rd, Balto Date signed 7/9/43

VS 180

Important: Please write the cause of death clearly and legibly.

G 06196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G 06196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 142 S. Kossuth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 S. Kossuth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH BOWNASS

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1886

8. AGE: Years	Months	Days	If less than one day
57	3	24 22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business self

FATHER
12. Name Paul Bownass
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida Elizabeth Watts
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emma Winkel
(b) Address 142 S. Kossuth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(Date received) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943, at 2.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1943 to July 9 1943, and that I last saw him alive on July 8 1943

Immediate cause of death Coronary Sclerosis — Duration Aut-1943

Due to Chr. Myocarditis — 1941

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Bownass

Address 1663 W. North Ave. Date signed M. D. 7/9/43

JUL 10 1943 Huntington Pittsman

G 06197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06197

Registered No.

YA 82113

13B

Physicians: please write the causes of death clearly and legibly. Accuracy important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Krummel or Kummel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-2215

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known- ?

8. AGE: Years	Months	Days	If less than one day
About 59 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Henry Krummel
13. Birthplace Germany

MOTHER
14. Maiden Name Eva
15. Birthplace Holland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Richie Highway, A. A. County

18 (a) Funeral director John A. Gaglianchyk
(b) Address 420 S. Paca St.

19 (a) JUL 10 1943 (Registrar)

VS 180

Huntington Milling, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1943, to 7-7 1943, and that I last saw him alive on 7/7 1943.

Immediate cause of death
Hypostasis C-V-
Due to

Due to

Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattina

Address R. C. U. Date signed 7/9/43

G 06198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Schley.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife August A.

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 11/28/78

8. AGE: Years	Months	Days	If less than one day
64	7	11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John M. Krauseker
13. Birthplace Germany

MOTHER 14. Maiden Name Susanna Hilbinger
15. Birthplace Germany

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltd Md

18 (a) Funeral director John E. Miller Jr.
(b) Address 2436 E. Oliver St

JUL 10 1943 (a) Registrar Washington Nathanson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943, at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943, to July 9 1943, and that I last saw him alive on July 9 1943.

Immediate cause of death Pneumonia ? etiology — Duration

Due to ? TB
?? Pneumococcus Type 13

Due to ?? Coughing
?? Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul O. Chatfield M. D.
Address J.H.H Date signed 7/9/43

VS 150

96199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. 96199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 W Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 W Lanvale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Johnson Scroggins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thornton Scroggins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1879

8. AGE: Years 50 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Onancock Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Beach
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Beach
15. Birthplace Va.

16 (a) Informant Thornton Scroggins
(b) Address 1426 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Auburn

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) Filed 7-10-1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to July 7 1943 and that I last saw h e alive on July 6 1943

Immediate cause of death: Chronic Interstitial nephritis

Due to: Hypertensive Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
7
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Walter Shennington M. D.
Address 701 N Carey St Date signed 7/9/43

VS 3

6F371355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ Registered No. 6206200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Louise A. Michel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25 1874

8. AGE: Years 68 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace France (Town, county, and state)

10. Usual Occupation Dress shop

11. Industry or business

FATHER 12. Name Alfred Delgorge
13. Birthplace France

MOTHER 14. Maiden Name Josephine Bordelle
15. Birthplace France

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Fred. Ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 JUL 10 1943 (Date received by registrar) Justin for Williams M.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943 at 4:45 P. M ✓

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 9 1943 and that I last saw her alive on July 9 1943

Immediate cause of death: Arteriosclerosis — Duration
Hypertensive Cardio-vascular Disease — ?
Due to ? myocardial infarction
Due to cardiac failure
Other Conditions Bronchopneumonia — 2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross M.D.
Address J. H. H. Date signed 7-9-43

VS 180

G 06201 437450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

Registered No. G 06201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Endicott
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Nehlad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 8-22-96

8. AGE: Years	Months	Days	If less than one day
46	10	18	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tannery Wkr

11. Industry or business "

FATHER
12. Name Afanasy ?
13. Birthplace Russia

MOTHER
14. Maiden Name ? ?
15. Birthplace Russia

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/43 (month) (day) (year)

(c) Cemetery or crematory St. Peter & Paul's Cemetery
Location Endicott, N.Y.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 100 Eutaw Place

JUL 10 1943 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 2.18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1943, to July 10 1943, and that I last saw him alive on July 10 1943.

Immediate cause of death Pneumonitis

Due to Bronchoesophageal fistula

Due to Ca of esophagus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford M. D.
Address Johns Hopkins Date signed 7-12-43

H 06202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

H 06202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 3211 BERKSHIRE ROAD.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town CITY BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 BERKSHIRE ROAD. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH GEORGE HUBER.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 27 - 1879

8. AGE: Years	Months	Days	If less than one day
64	3	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Railway mail clerk
11. Industry or business

FATHER
12. Name John B Huber
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Eberbach
15. Birthplace Germany

16 (a) Informant Lawrence J Huber
(b) Address 712 Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore Md

18 (a) Funeral director Lemmon J Smith
(b) Address 1345 Harlem Ave

JUL 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 9 1943. 19 6.30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 13 1943 to JULY 9 1943 and that I last saw him alive on JULY 9 1943.

Immediate cause of death — Duration
ANGINA PECTORIS JULY 8 1943.

Due to
CHRONI C MYOCARDIAL
Due to DEGENERATION (FATTY) JAN. 13 1943

Other Conditions

(Include pregnancy within three months of death)
Date of operation NONE
Major findings of operations
of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Leland P. Chandler M.D.
Address 3013 SAINT PAUL STREET Date signed JULY 9 43

VS 8

4375 G 06203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161c

✓ G [illegible]

G [illegible] 06203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Mc Culloh (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-43

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Franklyn Williams

13. Birthplace Md

MOTHER 14. Maiden Name Lucille Talbott

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park

Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 JUL 14 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943, at 10:33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943, to July 8 1943, and that I last saw him alive on July 8 1943.

Immediate cause of death: Respiratory Distress — Duration: 4 Days

Due to Multiple Hemorrhages

Due to Icterus Gravis Neonatorum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: Petechial Hemorrhages

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Troggio

Address Johns Hopkins Hosp. Date signed 7-9-43

VS 150

Physicians: please write the causes of death clearly and legibly.

G 06204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06204 Registered No.

94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 N. Brice Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala. (b) County
(c) City or town Tuscaloosa
(If outside city or town limits, write RURAL and give town)
(d) Street No. Riverview Route #2
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Arthur Franklin

3 (b) If veteran, name war None | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ARGYL O. FRANKLIN
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) April 6 1890

8. AGE: Years	Months	Days	If less than one day
63	3	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business Tuscaloosa Water Works

FATHER
12. Name Paxton S. Franklin
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Robinson
15. Birthplace Virginia

16 (a) Informant Argyl O. Franklin
(b) Address Tuscaloosa Alabama

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12. 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Tuscaloosa Alabama

18 (a) Funeral director Todd & B.M. Walton
(b) Address Prather Stricker Sts.

JUL 11 1943
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1943, at 7 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulderin M.D.
Medical Examiner.
Date signed 7-10-43

VS 181

G 06205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 06205
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 S. Highland Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 S. Highland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN RYAN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213 03 9353

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Ryan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1908

8. AGE: Years 35 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business S.K.Plant

FATHER
12. Name Paterick Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Barbara Hufnagel
15. Birthplace Baltimore, Maryland

16 (a) Informant Margaret Ryan
(b) Address 1124 S. Highland Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 12/43 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

(a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

JUL 11 1943 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1943, at 10:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to His death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral edema; Pneumonia lobular.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 7-9-43

G 06206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 06206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3640 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3640 Roland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Odo Romaine Algire

3 (b) If veteran, name war -----

3 (c) Social Security Account No. ---------

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Harry Cairnes Algire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1874

8. AGE: Years 68 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Luther Jacob Grimm
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Ellen Harp
15. Birthplace Unknown

16 (a) Informant Dorothy Grimm Kottcamp
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director A. S. Marshall
(b) Address 3539 Falls Road

(Date rec'd by registrar) Washington Williams M.R.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1943 to July 9, 1943 and that I last saw her alive on July 9 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 hrs
Due to: Cerebral Arteriosclerosis
Hypertension.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James S. Aitchison M.D.
Address 412 Park Heights Ave Date signed 7-11-43

G 06207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 06207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Sequoia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Sequoia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Raynee Minch

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Wholesale Grocery Bus.

11. Industry or business Pres. B. Green Co. Inc.

FATHER
12. Name Bernard Green
13. Birthplace Russia

MOTHER
14. Maiden Name Mary -
15. Birthplace Russia

16 (a) Informant Meyer M. Cardin
(b) Address 3606 Sequoia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date there July-11-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Riverdale
Location Balt. Rd. & Franklyn Ave

18 (a) Funeral director Jack Pevirs Inc
(b) Address 1939 E. Balto. St

July 11 1943 Huntington Williams M.D. (Local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10-43 19 . at 4:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1941 to July 43 1943, and that I last saw him alive on 7/9 1943.

Immediate cause of death Cachexia — Duration

Due to Carcinoma of Rectum & Metastases

Due to

Other Conditions Obstruction Bladder neck Urinary Infection

(Include pregnancy within 3 months of death)

Date of operation Jan 1941

Major findings of operation: Carcinoma Rectum.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Stinson for

Address 18 E. Eager Ave Date signed 7/10/43

STINSON

G 06208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G 06208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Aisquith
(c) Hospital or institution: 10-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sr. Mary Florentia Menig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	2	hr. min.

9. Birthplace Buffalo (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business Teacher

FATHER
12. Name Eugene Menig
13. Birthplace Buffalo

MOTHER
14. Maiden Name Appolonia Argus
15. Birthplace Buffalo

16 (a) Informant Sr. M. Stan. Hratka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/43 (month) (day) (year)
(c) Cemetery ~~Mount Olivet~~ Notch Cliff - Glen Arm
Location

18 (a) Funeral director Geo M. Fritz Sons
(b) Address 811 N Wolfe St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 9 1943, and that I last saw h alive on July 8 1943.

Immediate cause of death: R. lobar pneumonia — Duration
Due to: acute Cardiac
Due to: decompensation
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Kirby M. D.
Address 110 E Northern Date signed July 10

VS 150

93

G 06209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06209 Registered No. 39c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. George's
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Montgomery Dull

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stella May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 38 | Months | Days | If less than one day: hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER 12. Name Wm. Dull

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Laurel Md.

18 (a) Funeral director Ridgely Selby

(b) Address Laurel md

JUL 11 1943 (b) Huntington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943 at 3 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 '43 to July 9 1943 and that I last saw [illegible] alive on July 9 1943

Immediate cause of death: Tick-bite Fever — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Duncan Jr. M. D.

Address JHH Date signed 7-10-43

G 06210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 06210

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

15 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Stone Ball

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Thomas R. Ball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 1. 1858

8. AGE: Years	Months	Days	If less than one day
85	5	9	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name James H. Stone
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Ornforf
15. Birthplace Md.

16 (a) Informant Miss Roberta L. Ball
(b) Address Cambridge Arms. N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12.1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Oliver & Greenmount Ave.

18 (a) Funeral director John O. Motherwell Sons
(b) Address 1900 Eutaw Place

19 July 11 1943 Huntington Williams M.D.
(Date received by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10.1943 19 , at 7.20 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1943 to July 10 1943.
and that I last saw h[illegible] alive on July 8 1943.

Immediate cause of death Carcinoma of Liver — 1 yr. — M.
Due to — New Growth — M.
Due to Gastrointestinal Hemorrhage — M.
Other Conditions Hyp. M.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Loch Rave Boul. & Hillen Road

Lee Code

G 06211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

G 06211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3721 Gwynn Oak Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 Gwynn Oak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Thomas Howard Dail

3 (b) If veteran, name war

3 (c) Social Security Account No. 265-09-1336

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife May G. Dail
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) March 22, 1889

8. AGE: Years	Months	Days	If less than one day
54	3	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Calculator & Accountant
11. Industry or business Race Tracks

FATHER
12. Name Thomas H. Dail
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Bredelle Showell
15. Birthplace Worcester County, Md.

16 (a) Informant Mrs. May G. Dail
(b) Address 3721 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Balto Co. Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 3510 Liberty Heights Ave.

7-11 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 9.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1943 to July 9 1943, and that I last saw h im alive on July 7 1943.

Immediate cause of death Carcinoma of Lung — Duration 9 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 10, 1943

Major findings of operation: Inoperable Carcinoma of lung (right)

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harper M. D.
Address 5201 Gwynn Oak Ave. Date signed

VS 3

G 06212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2511 Harlem Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Kisaling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Albert Kisaling

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 8, 1875

8. AGE: Years 68 | Months 6 | Days - | If less than one day: hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael C. Gunning
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Pierce
15. Birthplace Wexford, Ireland

16 (a) Informant Mr. Albert Kisaling
(b) Address 2511 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Miller Lamonaco
(b) Address 4520 Liberty Hgts. Ave.

19 (a) (Date rec'd by registrar) (b) Lexington Williams M.D. (Signature of registrar)

JUL 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943 at 9.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/N 1943 to 7/8 1943 and that I last saw h or alive on 7/8 1943

Immediate cause of death: Hypertensive C.V.D. — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J. Hankin M. D.

Address 2501 W. Baltimore St Date signed

06213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104B

G 06213
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: mercy Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Wash (If outside city or town limits, write RURAL and give town)
(d) Street No. 3746 Kanawha St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Vandemhoof

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/31/16

8. AGE: Years	Months	Days	If less than one day hr.	min.
26	10	12		

9. Birthplace Mich. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER	12. Name Lucian Vandemhoof
	13. Birthplace Mich.
MOTHER	14. Maiden Name Maurine Caldwell
	15. Birthplace Iowa

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Wash. D.C.
Location

18 (a) Funeral director Joseph Gawler's Sons
(b) Address 1736 - Pa. Ave. N.W. Washington, D.C.

JUL 12 1943

(b) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1943 at 10:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1943 to 7/11 1943, and that I last saw her alive on 7/11 1943.

Immediate cause of death: Respiratory Failure
Due to Osteomyelitis of Skull
Due to Frontal Sinusitis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6/14/43
Major findings of operations: Incision & Drainage
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roscoe Brooks M. D.
Address Mercy Hosp Date signed 7-11-43

VS 180

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

G 06214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓ Registered No. G 06214

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 238 Wilson St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 238 Wilson St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Thomas Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-19-8508

4. Sex Male

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louisa Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1870

8. AGE: Years 73 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER

12. Name —

13. Birthplace —

MOTHER

14. Maiden Name —

15. Birthplace —

16 (a) Informant Louisa Green

(b) Address 238 Wilson ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Cem.

Location md

18 (a) Funeral director George H. Kelson

(b) Address 1303 Presstman ST

19 (a) (b)

JUL 12 1943 Huntington Millikin, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1943 at 2 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8 1943 to 7/8 1943. and that I last saw him alive on 7/8 1943

Immediate cause of death Uremia Coming Cardio-vascular Renal disease — Duration

Due to Hypertrophy of prostate adenoma 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/6 43

Major findings of operation: Enlarged prostate adenoma

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Jackson

Address 600 Ogden Ave (Date signed) 7/8/43

an

G 06215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G 06215 Registered No. 1190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Forman Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Forman Ct.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Pemrboke Jr. ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1943

8. AGE: Years	Months	Days	If less than one day
	1	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Henry Pemrboke
13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Mae Pemrboke
15. Birthplace Baltimore

16 (a) Informant Elizabeth Pemrboke
(b) Address 1608 Forman Ct.

17 (a) Burial (b) Date thereof 7-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location U. A. C. — Md.

18 (a) Funeral director Thomas R. Lee
(b) Address 802 Hartman Ave.

19 (a) JUL 12 1943 Huntington Williams M.D.
(Date rec'd by reg.) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1943 to July 11 1943 and that I last saw h. alive on July 11 1943.

Immediate cause of death	Duration
Due to Broncho Pneumonia	3 days
Due to Diabetes	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Perry M. D.
Address 430 E. Chase Date signed July 11 '43

VS 3

G 06216 ✓ G 06216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Wicomico St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Wicomico St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Haller

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-07-9474

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Catherine Tanaka
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Balto. Enamel & Novelty Co

FATHER
12. Name Geo. W. Haller
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Murphy
15. Birthplace Baltimore, Md.

16 (a) Informant Mr John E. Haller
(b) Address 1730 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave
18 (a) Funeral director John J. Keenan & Son
(b) Address 861 Hollins St.

JUL 12 1943
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1943, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1943 to July 9, 1943 and that I last saw h alive on July 9 1943

Immediate cause of death	Duration
Acute Heart Failure	
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Klaus, M. D.
Address 876 Hollins St. Date signed 7/12/43

VSB Huntington Williams, MD

6217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. G 06217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1715 Appleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald Frank Vanick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5th, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	3	hr. — min.

9. Birthplace W. Baltim. Gen. Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Frank Vanick
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Katherine Brown
15. Birthplace Calvert Co., Md.

16 (a) Informant Mary Katherine Vanick
(b) Address 1715 Appleton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 10 1943

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 12 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1943, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1943 to July 8th 1943, and that I last saw him alive on July 8th 1943.

Immediate cause of death Pulmonary Atelectasis — Duration

Due to Bilateral — 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Susan M. Chaffee
Address WBGH Date signed 7/8/43

VS 150

F0233

Dr Shockat
G 06218 -

2302 Edmondson Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

G 06218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 653 N. Bentalou St
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 653 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand M. Beamer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Clara C. Beamer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27th 1864

8. AGE: Years	Months	Days	If less than one day
78	11	12	hr. min.

9. Birthplace Phila Pa.
(Town, county and state)
10. Usual Occupation Elevator Engineer
11. Industry or business Self

FATHER
12. Name James M. Beamer
13. Birthplace Germany

MOTHER
14. Maiden Name Hanna Meyers
15. Birthplace New York N.Y.

16 (a) Informant Clara C. Beamer
(b) Address 653 N. Bentalou St

17 (a) Burial (b) Date thereof 7/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1365 St. Paul St

19 (a) JUL 12 1943 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942 to July 9 1943 and that I last saw h~~im~~ alive on July 9 1943

Immediate cause of death Arteriosclerotic Cardio-Vascular - Renal Disease.

Duration 24 yrs.

Due to

Due to

Other Conditions Benign Hypertrophy of Prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Shockat
Address 2302 Edmondson Ave Date signed 7/10/43

VS 150

G 06219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 06219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2728 Cylburn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Cylburn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cassie C. Rogers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband Charles E. Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 1892

8. AGE: Years 50 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace Hampshire Co. W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John H. Shank
13. Birthplace W. Va.

MOTHER
14. Maiden Name Julia A. Haines
15. Birthplace W. Va.

16 (a) Informant Charles E. Rogers
(b) Address 2728 Cylburn Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Martinsburg W. Va.
18 (a) Funeral director Williard Cook Inc
(b) Address St. Paul & Williamson Sts
19 (a) JUL 12 1943 (b) Huntington W. Va. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1943, 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1943 to July 10 1943. and that I last saw her alive on July 10, 1943.

Immediate cause of death Bronchio-pneumonia — Duration 2 days
Due to Cardiac Hypertrophy } Cardiac Dilatation } 3-7 years
Due to Cardiac Decompensation — Malignant Hypertension 1 mo.
Other Conditions Uremia. 3-5 years 1 week

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Theodore Cooper M. D.
Address 2107 Park Ave Date signed 7/11/43

VS 180

06220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 06220

Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 A E University Pkwy
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 300 A E. University Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERA K BARRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Separated

6 (b) Name of husband: James Elbin Barry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 22nd 1893

8. AGE: Years 50 | Months 5 | Days 19 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Stenographer

11. Industry or business: A. J. Hyghman

FATHER
12. Name: Edward M. Kennard
13. Birthplace: Md.

MOTHER
14. Maiden Name: Grace Weidner
15. Birthplace: Md.

16 (a) Informant: Miss Grace Kennard
(b) Address: 2930 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem ~~Loudon Pk~~
Location: Balto. Co., Md.

18 (a) Funeral director: Wm Cox Inc.
(b) JUL 12 1943 St Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Md.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 6 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions Ho

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wollenweber M.D. Medical Examiner.
Date signed 7-11-43

G 06221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Eldyndon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Eldyndon Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET ANNA BURNS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband John Edward Burns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1872

8. AGE: Years 70 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Brehm
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Wm Hoff
(b) Address 1016 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Bok Inc
(b) Address 17 St. Paul St
(c) (Date rec'd by registrar) JUL 12 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 2 15 M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerosis
cardiovascular
Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Signed 7-11-43

VS 161

G 06222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 06222 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilfred F. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Susan B Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1874

8. AGE: Years	Months	Days	If less than one day
69	1	7	3 hr. 40 min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Charles Brown
13. Birthplace Mass
14. Maiden Name Margret Spence
15. Birthplace

16 (a) Informant Susan B. Brown
(b) Address 821 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13-43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem. Location Elkridge Md.

18 (a) Funeral director William Cook Jr.
(b) Address 217 St Paul St.

19 (a) JUL 12 1943 (Date received by Registrar)

Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1943 to July 10 1943, and that I last saw h[illegible] alive on July 9 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 hrs.
Due to Mesenteric Thrombosis	3 days
Due to Arteriosclerosis, vessels and Myocardi	
Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	10-15 yrs.

Date of operation
Major findings of operation:
of autopsy Gangrenous intestines

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F Berry M. D.
Address Mercy Hospital Date signed 7/10/43

G 06223 HAUHN Hawhn G 06223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 Boyd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hawhn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1943

8. AGE: Years	Months	Days	If less than one day
0	0	0	3 hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Hawhn
13. Birthplace Balto Md

MOTHER
14. Maiden Name Thelma Harvey
15. Birthplace Balto Md

16 (a) Informant Mother
(b) Address 2531 Boyd St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co

18 (a) Funeral director A. B. Wagner & Sons
(b) Address 1400 Edmondson Ave

19 (a) JUL 12 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 10 1943 and that I last saw [illegible] alive on July 10 1943.

Immediate cause of death

Duration

Fetal atelectasis

Due to Immaturity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred Hamon M. D.
Address St Agnes Hosp Date signed 7-11-43

VS 150

G 06224
AB-82158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06224
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Freeman St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary a. (Marie) Neubert

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 212-09-6331

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30-1898

8. AGE: Years 44 | Months 6 | Days 16 | If less than one day hr. 10 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Packer-American Sugar
11. Industry or business Key Highway Refinery.

FATHER
12. Name Charles Clark
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records.)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Cathedral St

19 (a) (Date) JUL 12 1943 (b) Huntington Williams M.D.

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10 1943, at 2 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1943 to 7/10 1943, and that I last saw h[illegible] alive on 7/10 1943.

Immediate cause of death Coronary infarct.
Due to Fecal Thrombosis
Due to Dysentery
Other Conditions Left hemiplegia, probably due to CVA
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

Duration
2 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mall M. D.
Address B. C. H. Date signed 7/12/43

G 06225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 06225 Registered No.

Correct age in supplementary statements. If unknown, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6123 Alta Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES HYDE

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	3	2		

9. Birthplace ? Ireland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name John Hyde
13. Birthplace ? Ireland

MOTHER
14. Maiden Name ?
15. Birthplace ? Ireland

16 (a) Informant Records, U. S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43. (month) (day) (year)
(c) Cemetery or crematory Ft Meade Cemetery
Location Ft Meade - Md.

18 (a) Funeral director A Lee Oder
(b) Address 4644 York Rd.

19 (a) (Filed by registrar) (b) Huddington Williams, M.R. Registrar

JUL 12 1943

Va-13300

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 8, 1943, at 3:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1943 to July 8, 1943 and that I last saw him alive on July 8, 1943.

Immediate cause of death Lymphoblastoma, type undetermined, involving mediastinum and retroperitoneal lymph nodes; Old occlusion of post branch left coronary artery — Duration: Unk.
Due to — Duration: Unk.
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 6/30 & 7/5- thoracentesis
Major findings of operation: Pneumonia with plueral effusion
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. H. Riedenbaugh M.D.
Address Baltimore, Md. Date signed 7/9/43

G 06226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 23a

G 06226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ESTELLA ABBEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife A. Norval
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) June 14, 1886

8. AGE: Years	Months	Days	If less than one day
57	0	25	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William Miller
13. Birthplace Washington Co., Md.

MOTHER
14. Maiden Name Mary Hose
15. Birthplace Washington Co., Md.

16 (a) Informant Mr. A. Norval Abbey
(b) Address 1133 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date rec'd by registrar) Burial Permit for Interment

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to July 9 1943, and that I last saw h[illegible] alive on 7/1 1943.

Immediate cause of death	Duration
cerebel-hemorrhage	2 day
Due to	
Due to	
Other Conditions High Blood Pressure + arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence X at M
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X While at work?
(Specify type of place) X
(e) Means of injury

23. Signature A. C. Hearn M. D.
Address 3901 Gracieuse Blvd Date signed 7/9/43

(over)

G 06227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/a

G 06227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore md
(b) Street address 1037 - N. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 - N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife John Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
90	—	—	hr. min.

9. Birthplace Saluda, Middlesex Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Jacob Harris
13. Birthplace Middlesex Co. Va.

MOTHER
14. Maiden Name Elizabeth Lomax
15. Birthplace Middlesex Co. Va.

16 (a) Informant Charlotte Smith
(b) Address 1037 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A. A. Co. Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St.

19 [illegible] Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1943 at 10P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 4 1943 to July 8 1943 and that I last saw h. alive on July 8 1943

Immediate cause of death
Cardio - Renal

Duration
3 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. N. Hatcher M. D.
Address Irvington Va. Date signed 7/10/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 06228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

G 06228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5020 Norwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5020 Norwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME: ELI G. COHEN.

3 (b) If veteran, name war: ----------

3 (c) Social Security Account No. 219-01-0332.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lillie W. Cohen.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1877.

8. AGE: Years	Months	Days	If less than one day
65	11	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chemical & Soap Salesman.
11. Industry or business

FATHER
12. Name Ephraim Cohen,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Judith Grinsfelder,
15. Birthplace Balto. Md.

16 (a) Informant Mr. C. Cohen,
(b) Address 2038 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1943. (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Harris Levi Sons
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

JUL 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th. 1943 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to July 10 1943 and that I last saw him alive on July 10 1943.

Immediate cause of death	Duration
Hemorrhage Carcinomatosis	1 yr
Due to Carcinoma of Sigmoid	3 yr
Due to Secondary Anemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Abbott M. D.
Address 4509 Liberty Hghts Date signed 7/11/43

6229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06229
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 S. Morley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 S. Morley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Dieterich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louise Dieterich
(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1880

8. AGE: Years	Months	Days	If less than one day
62	8	29	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Retired

FATHER
12. Name Charles W. Dieterich
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Louise Dieterich
(b) Address 410 S Morley St

17 (a) Burial (b) Date thereof 7-10-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick L. Sollenberger
(b) Address 806 N Lombard St

19 JUL 12 1943 (b) Huntington Williams M.D.
(Date rec'd by Registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1943, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943, to July 8 1943, and that I last saw h— alive on July 8 1943.

Immediate cause of death Hypostatic pneumonia
Acute Acidemia. Myocarditis

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Hospital Patient
Address 215 Hilton Ave Date signed 7/14/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06230 ✓ G 06230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 3a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Guilford ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Guilford av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Taylor.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-1873

8. AGE: Years	Months	Days	If less than one day
70	3	17	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Stokes
13. Birthplace Va

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Va

16 (a) Informant Albert Stokes
(b) Address 2305 Guilford ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-12-43 (month) (day) (year)
(c) Cemetery or crematory Lee-Hall Cemetery
Location Lee Hall, Virginia

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) JUL 12 1943 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 6:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1943 to July 10 1943 and that I last saw h[er] alive on July 10 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis B. Jolley M. D.
Address 2329 Joseph St Date signed July 11 1943

VS 3

G 06231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

168

G 06231
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 732 N. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-1903

8. AGE: Years	Months	Days	If less than one day
40	4	11 12	hr. min.

9. Birthplace Helmington, N. C.
(City, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va.

MOTHER
14. Maiden Name Sadie ?
15. Birthplace Va.

16 (a) Informant Mary Walker
(b) Address 732 N. Mulberry St
17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (day) (year)
(c) Cemetery or crematory Helmington, N C
Location Helmington, N. C.
18 (a) Funeral director Sheldon A. Jackson
(b) Address 916 Penna Ave
19 (a) JUL 12 1943 (Date received by local registrar)
Ellington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1943, at 12-45 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute Pulmonary Edema
Acute Dilatation of Heart
Due to Cerebral Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 7-9-43 at 11.50 P M.
(b) Where did injury occur Lexington & Pine Sts
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell with first head & trunk
23. Signature Howard J. Sheldon M.D.
Medical Examiner.
Date signed 7-10-43

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G 06232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife William Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1860

8. AGE: Years 32 | Months 33 | Days 11 | If less than one day: hr. min.

9. Birthplace Bassett Va. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John W Stone
13. Birthplace Bassett Va.

MOTHER
14. Maiden Name Mary Hellem
15. Birthplace Bassett Va

16 (a) Informant Eugene Stone
(b) Address 610 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 (a) JUL 12 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10-1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1943 to 7-10 1943 and that I last saw h alive on 7-10 1943

Immediate cause of death	Duration
Coronary Embolism Thrombosis	
Due to Diabetic Gangrene Right Great Toe	3 mos
Due to Diabetes Mellitus	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 554 Rodgers St Date signed 7-11-43

Ref to Burial M.D.
Approved - Howard D. Mullikin, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS 180

6233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06233 126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E 33rd St
(c) Hospital or institution: ~~New Mt. H~~ Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 25 d.
(e) Length of stay in Baltimore (yrs., mos., or days) " "

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga (b) County
(c) City or town Savannah (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Ga. 42nd St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Italy

3 (a) FULL NAME LOUIS RAYOLA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1886

8. AGE: Years 57 59 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Fish Business

11. Industry or business

FATHER 12. Name Louis Rayola
13. Birthplace Italy

MOTHER 14. Maiden Name Giordanina Garnatard
15. Birthplace Italy

16 (a) Informant Hospital Record
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12 43 (month) (day) (year)
(c) Cemetery or crematory
Location Savannah Ga

18 (a) Funeral director Henry J. Haskins Corp.
(b) Address McCullough & Orchard Sts

19 (a) JUL 12 1943 (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 8 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1943, to July 11 1943, and that I last saw him alive on July 11 43.

Immediate cause of death: Pulmonary Embolism — Duration: 7 days

Due to

Due to: Hypertensive cardio-vascular disease — Chronic Bronchitis — 5 years.

Other Conditions: Diabetes mellitus. asthma.

(Include pregnancy within 3 months of death)

Date of operation July 3, 43 Cholecystectomy

Major findings of operation Hydrops of the gallbladder. cholelithiasis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. McCook Jr. M.D.
Address Union Memorial Hospital Date signed 7/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06234 133 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3108 Glendale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Glendale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura V. Hinton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1881

8. AGE: Years 61 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER — 12. Name Jerome Clark
13. Birthplace Balto. Md.
MOTHER — 14. Maiden Name Maggie Martin
15. Birthplace Balto. Md.

16 (a) Informant Laura V. Everett
(b) Address 3108 Glendale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-43 (month, day, year)
(c) Cemetery or crematory Greenmount Cem.
Location Greenmount & Oliver

18 (a) Funeral director Jos. A. McMann
(b) Address 4261 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 — 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 10 1943 and that I last saw h[illegible] alive on July 10 1943

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to Belated Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Meunier
Address 1918 E. North Ave. Date signed 7/14/43 M. D.

JUL 12 1943 Investigator Williams M.D.

Please write plainly, with pen and ink. Do not use lead pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46

G 06235
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. JOHN ELLIOTT KEYES (KATHERINE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Mr. John Elliott Keyes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	9	9		

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. George Winters
13. Birthplace Md

MOTHER
14. Maiden Name Katharine Shaffer
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location W. North ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) (Date) by JUL 12 1943 Huntington, Pathologist, M.D.

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-43 19 , at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1943, to 7-11 1943, and that I last saw h[illegible] alive on 7-11 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Asphyxia from pulmonary metastases	
Due to ? Retroperitoneal sarcoma	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 7-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

Registered No. G 06236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] Henry Schwarzenbach

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Georges Schwarzenbach
13. Birthplace Not known

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Florence Hagerman
(b) Address 1429 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/43 (month) (day) (year)
(c) Cemetery or crematory * Trinity
Location O. Gounell St Ext

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 12 JUL 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 1:30 P M

21. I certify that I took charge of the remains described above, held an Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

due to Arteriosclerotic Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home? on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 11 1943

G 06237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 580B

G 06237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. yrs., mos., or days 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Bell Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) FULL NAME ~~Anna~~ ANNA Theresa Markell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 20 | Months | Days 7 | If less than one day hr min

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name John H. Markell Sr
13. Birthplace Balto Md

MOTHER 14. Maiden Name Anna Hershberger
15. Birthplace Baltimore Md

16 (a) Informant John H. Markell Sr
(b) Address 1707 Bell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Ryan
(b) Address 1918 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 186 JUL 12 1943 Registrar, Baltimore, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 4:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1943 to July 10 1943, and that I last saw h[illegible] alive on July 10 1943.

Immediate cause of death: Acute Encephalitis — Duration: 1 wk.
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. McDonald M. D.
Address 1913 Light St Date signed 7-10-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

6238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43D

Registered No. G 06238

YA 82327

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution BALTIMORE CITY HOSPITALS 17
(d) Length of stay in hospital or inst. yrs., mos., or days 3 days.
(e) Length of stay in Baltimore yrs., mos., or days Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 754 N. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife Martha Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63	11	12	hr. min

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Will Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Smith
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1943 (month) (day) (year)
(c) Cemetery or crematory W. Port Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St.

(Date received by local registrar) JUL 12 1943 (Signature of local registrar) Evelyn Williams MR

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1943, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1943, to 7-7 1943, and that I last saw h[illegible] alive on 7/1 1943.

Immediate cause of death: Cardiac failure — Duration: 3 mos.

Due to [illegible]

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mau M. D.

Address 5 C.H. Date signed 7-9-43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

M. D. B. 1201-0

6239

HEALTH DEPARTMENT—CITY OF BALTIMORE 6239

CERTIFICATE OF DEATH V 132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Boyd St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eva Morris

(a) Residence: No. 909 Boyd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roosevelt Morris

6. DATE OF BIRTH (month, day, year): April 11, 1916

7. AGE: Years 27 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year): July 1, 1943

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Prince George County Va.

FATHER

13. NAME: Alfred Winfield

14. BIRTHPLACE (city or town) (State or country): Prince George County Va.

MOTHER

15. MAIDEN NAME: Dora Hudson

16. BIRTHPLACE (city or town) (State or country): Prince George County Va.

17. INFORMANT: Wm. Winfield

(Address): 606 W. Conway

18. BURIAL, CREMATION, OR REMOVAL: Place Auburn Date July 12, 43

19. UNDERTAKER: Mrs. Katie B. Williams

(Address): 2305 Sandusky St.

20. FILED JUL 12 1943 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1943 to July 10, 1943

I last saw h[illegible] alive on July 8, 1943. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: May 1943

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. K. Williams M. D.

(Address) 1227 N. Carrollton

V. S. 9 OCCUPATION is very important. See instructions on back of certificate.

06240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43E

G 06240 **Registered No.**

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3921 Maine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 years

15 1D

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Maine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Elizabeth Knowles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edwin H Knowles | 6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. June 30 1857

8. AGE: Years 86 | Months | Days 12 | If less than one day hr min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name William H. Bowen
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary A. Parker
15. Birthplace Baltimore Md.

16 (a) Informant Isabel B Knowles
(b) Address 3921 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry A. Annacost
(b) Address 4204 Rodgewood Ave

19 JUL 12 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943 at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1943 to July 12 1943 and that I last saw him alive on July 1 1943

Immediate cause of death Myocarditis — **Duration** 3 mos

Due to Old Age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Smink M. D.

Address 4309 Echodale Ave Date signed July 12

A CLARENCE SMINK

6241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 W. Saratoga St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Amber Wayland

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Frederick A. Wayland
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 6, 1856
8. AGE: Years: 87 Months: 1 Days: 4 If less than one day: hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: H. W.
11. Industry or business: Own Home

FATHER
12. Name: John Joseph Espey
13. Birthplace: Md.

MOTHER
14. Maiden Name: Elizabeth A. Espey
15. Birthplace: Md.

16 (a) Informant: Edith M. Wayland
(b) Address: 1924 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/12/43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: Harry A. Tuttle
(b) Address: 410 E. Lanvale St. Ave. Washington Nat. Williams, Md.

19 (a) JUL 12 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10/43. 19 6 30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 19 43 to July 10 19 43.
and that I last saw h M alive on July 9 19 43

Immediate cause of death: My o cardial failure
Duration: 1 wk
Due to: Arteriosclerotic cardio vascular renal disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Theodora C. Stacy
Address: 3803 Edmondson Ave Date signed: 7/10/43 M. D.

VS 150

06242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C 06242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or institution: Elkins Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2532 W. Fayette St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Widower

6 (b) Name of husband or wife Late Anna nee Glenn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Candy Maker

11. Industry or business

MOTHER / FATHER

12. Name — Baker

13. Birthplace Md.

14. Maiden Name —

15. Birthplace Md

16 (a) Informant Joseph Trescott

(b) Address Arbutus Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director Harry H. Wiltshire

(b) Address 4016 Amondale Ave.

JUL 12 1943 (Date received by Registrar) (b) Washington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 11 1943, and that I last saw alive on July 9 1943.

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Cutterman

Address 324 Reisterstown Rd. Date signed 7/12/43 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06243

BALTIMORE CITY HEALTH DEPARTMENT X 1190

CERTIFICATE OF DEATH

G 06243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University of
(c) Hospital or institution: Maryland Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Ellicott City
(c) City or town or Howard County
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Boyd Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	infant

6 (b) Name of husband or wife
(If alive, give age years)

7. Birth date of deceased (mo., day, yr.) July 9, 1942

8. AGE: Years	Months	Days	If less than one day
	11	3	hr. min.

9. Birthplace Ellicott City
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Joseph Dunn
13. Birthplace

MOTHER
14. Maiden Name Louise Ridgely
15. Birthplace

16 (a) Informant Mother
(b) Address

17 (a) Burial (b) Date thereof July 12, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St John's Cem
Location Ellicott City Howard Co

18 (a) Funeral director Edward Davis
(b) Address Ellicott City

17 (Date received) JUL 12 1943 (Signature of Registrar) Washington Millikan M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 6:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1943 to July 11 1943 and that I last saw h alive on July 11 1943

Immediate cause of death Circulatory Collapse — Duration

Due to Fulminant Diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Jarvis M. D.
Address University Hospital Date signed

correct age is especially important if deceased was under one year, one month or one day

G 06244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

G 06244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Municipal Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Rosalie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Manning

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Dolores E.
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) 3-11-1905

8. AGE: Years	Months	Days	If less than one day
37 74	4	0	hrs. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Tool maker.
11. Industry or business Eastern Aircraft

FATHER
12. Name Andrew
13. Birthplace Md

MOTHER
14. Maiden Name Gertrude Pattison
15. Birthplace Md

16 (a) Informant Dolores E Manning
(b) Address 2832 Rosalie Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (month) (day) (year)
(c) Cemetery or crematory Morland Memorial Park
Location Belair Road
18 (a) Funeral director Leonard J Brett
(b) Address 1505 Harford Rd
19 [redacted] (b) [redacted]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943 to July 11 1943 and that I last saw him alive on July 11 1943.

Immediate cause of death
Recurrent astrocytoma
Due to left frontal lobe.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin H. Hampton M. D.
Address Univ. Hospital Date signed July 11 1943

correct age is especially important for those who have passed their 65th birthday

ngue G 06245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 179X

G 06245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5304 Greenhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinette Pietsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Constantine L. 2-24-1899

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-1893

8. AGE: Years	Months	Days	If less than one day
50	5	17	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Marie Feinhagen
(b) Address 5304 Greenhill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Mench
(b) Address 4005 Harford Rd.

19 (a) (b) Registrar Huntington Williams M.D.

JUL 12 1943

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 5-10 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Sodium poisoning

Due to

Other Conditions Defect of Brain History of Mental Confusion (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 10 1943 11:20 A.M.
(b) Where did injury occur? 5304 Greenhill Ave
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? no
(d) Means of injury Swallowed Sodium

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 11 1943

G 06246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4107 Northern Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 Northern Pkwy.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine (or) Katie Schloer

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Joseph Robert Sr.
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) August 9, 1863

8. AGE: Years	Months	Days	If less than one day
79	11	2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name August Fach
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Hirchfield
15. Birthplace Germany

16 (a) Informant Joseph R. Schloer Jr.
(b) Address 4107 Northern Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. Z. Dippel's Sons
(b) Address 7110 Belair Rd.

19 (a) JUL 12 1943 (b) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1941 to July 11 1943. and that I last saw her alive on July 11 1943

Immediate cause of death	Duration
Acute pulmonary edema	1 day
Due to Chronic myocarditis	2yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Lee Thebaud M. D.
Address 11 E. Northern Parkway Date signed 7/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS 180

G 06247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06247 Registered No. 1937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Fleetwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie R. Cassady

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ulysses G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1867

8. AGE: Years 75 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Stilesville Ind.
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Joseph W. Vaughan
13. Birthplace Ky.

MOTHER
14. Maiden Name Minerva E. Burks
15. Birthplace Ky.

16 (a) Informant Emil V. Cassady
(b) Address 4012 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Homewood & Ann Sts.

19 (a) JUL 12 1943 (Date rec'd by registrar)
Lexington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942 to July 11 1943. and that I last saw her alive on July 10 1943.

Immediate cause of death
Pulmonary edema — Duration 2 days
Due to Chronic myocarditis — 18 months
Due to Arteriosclerosis — 3 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Lee Hathaway M.D.
Address 4116 Northern Pkwy Date signed 7/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 06248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Pennsylvania
(c) Hospital or institution:

(d) Length of ~~stay in hospital or inst. (yrs., mos., or days)~~ 3hr. 23min.
(e) Length of stay in Baltimore (yrs., mos., or days) 3hr. 23min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Pennsylvania
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon Brown Twin #1

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/43

8. AGE: Years	Months	Days	If less than one day
			3 hr. 23 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lucrecia Hall
15. Birthplace Baltimore Md.

16 (a) Informant Marie Hall
(b) Address 2118 Pennsylvania Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 12 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 12 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943, at 6:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/9 1943, and that I last saw h[illegible] alive on July 9 1943.

Immediate cause of death	Duration
(a) Hemorrhage of Umbilicus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Thomson M. D.
Address Univ. Hosp. Date signed 7-9-43

VS 3

T0235

249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 06249
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Broadway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Baby Paok

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1943

8. AGE: Years | Months | Days | If less than one day: 5 hr. 25 min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Clinton Paok
13. Birthplace: Georgia

MOTHER
14. Maiden Name: Belle Clonts
15. Birthplace: Tennessee

16 (a) Informant: Hospital Records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL JUL 12 1943

18 (a) Funeral director: Commissioner of Health
(b) Address

19 JUL 12 1943 (Signature) Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 43 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 19 43 to June 12 19 43 and that I last saw him alive on June 12 19 43.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Gilbert S. Vosburgh M. D.
Address: Johns Hopkins Hospital Date signed 6-15-43

0237

correct age is especially important. Physicians: please write the words or death clearly and legibly.

6250 G 06250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hr. 28 m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Brown Twin #2

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/43

8. AGE: Years	Months	Days	If less than one day
			3 hr. 28 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Leon Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Juanita Hall
15. Birthplace Baltimore, Md.

16 (a) Informant Marie Hall
(b) Address 2118 Pennsylvania Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 12 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 12 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943, to 7/9 1943, and that I last saw him alive on July 9 1943.

Immediate cause of death: Prematurity asphyxia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. O'Thomson. M. D.
Address University Hosp Date signed 7-9-43

VS 3

T6256

correct age is especially important. If unknown, approximate must be given. Underlining and abbreviations not allowed. Use ink and write plainly.

G 06251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1178

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto., Jewil Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a
(c) City or town Rockview Beach, Pasadena Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Mc Carthy

3 (b) If veteran, name war None
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Della
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10. 1889

8. AGE: Years 53 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Fort Smallwood

FATHER 12. Name Wm. McCarthy
13. Birthplace Ireland

MOTHER 14. Maiden Name Maria Kelly
15. Birthplace Ireland

16 (a) Informant Michael McCarthy Jr.
(b) Address 1433 N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location

18 (a) Funeral director Flynn & Fleming
(b) Address 1422 Light St.

19 (a) Filed JUL 12 1943 (b) registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943, at 140 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1943, to 7-12 1943, and that I last saw h[im] alive on 7-11 1943.

Immediate cause of death Cardiac failure — Duration
Due to Intestinal fistula
Due to duodenal ulcer
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 7-9-43
Major findings of operation: Duodenal ulcer
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo. L. Thayer M.D.
Address So. Balto Gen Hosp Date signed 7/12/43

G 06252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06252 Registered No. 1447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3332 Fait. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Stella Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Edward Schmidt
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) May 7th 1915

8. AGE: Years	Months	Days	If less than one day
28	4	2	— hr. — min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Peter Sarges
13. Birthplace Greece

MOTHER
14. Maiden Name Catherine A. Jeffries
15. Birthplace Md.

16 (a) Informant Edward Schmidt
(b) Address 3332 Fait'l. Ave

17 (a) 7/13/43 (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Balto. Md.

18 (a) Funeral director F. B. WIPPERT'SON
(b) Address 910 Eutaw Place

19 (a) (Local registrar) (b) Huntington Williams M.D.

JUL 12 1943

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9 1943, at 4:37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1943, to 7/9 1943, and that I last saw h[illegible] alive on 7/9 1943.

Immediate cause of death Toxaemia

Due to unknown origin

Due to

Other Conditions Pregnancy
(Include pregnancy within 3 months of death)

Date of operation 7/7/43

Major findings of operation: delivery of premature baby

Duration

over

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address St Agnes Hosp Date signed 7/9/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06253

MJ-834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 06253

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HOSPTIALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 yrs. 10 mos. 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1217 Madison Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabella Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880 ?

8. AGE: Years 55 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPTIALS

(b) Address 4940 Eastern Ave., (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brentley ave

JUL 12 1943

(Registrar) (b) Huntington Maryland

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1943 at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to July 9 1943, and that I last saw h[illegible] alive on July 9 1943.

Immediate cause of death: Carcinoma of breast to metastases — Duration: ??

Due to

Due to

Other Conditions: Exotic dentitis (Include pregnancy within 3 months of death) — 22

Date of operation Dec 8 1942

Major findings of operation: Carcinoma of breast (right)

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John J Kenigant M.D.

Address 1215 Eutaw Pl Date signed July 11 1943

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06254
JL - 82496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

G 06254
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Willow ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1873

8. AGE: Years	Months	Days	If less than one day
70 ?	3	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Darling
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Springfield Cem.
Location Sykesville, Md.

18 (a) Funeral director C. Harry Edes
(b) Address Sykesville, Md.

12-1943
Rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 19 43, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8/43 19 to 7/12 19 43, and that I last saw him alive on 7/12 19 43.

Immediate cause of death: Pulmonary TBC. — Duration: ?

Due to

Due to

Other Conditions Diabetes Mellitus
Leukemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury MATTMAN

23. Signature Paul Mallon
Address B.C.H. Date signed M. D. 7/12/43

VS 180

G 06255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 180 ✓

Registered No. G 06255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12 A
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Judy Mance (Judith A.)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13 1940

8. AGE: Years	Months	Days	If less than one day
3	2	27	hr. min.

9. Birthplace Flushing N. Y.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Mance
13. Birthplace New York

MOTHER
14. Maiden Name Doris H. KRUCK
15. Birthplace New York

16 (a) Informant Mrs Adolph Knuck
(b) Address 144-22 Bowley Ave Flushing N.Y.
17 (a) Removal (b) Date thereof 7/13/43
(burial, cremation, removal) (month) (day) (year)
(c) Cemetery Flushing
Location Flushing, L. I. N. Y.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St Huntington Baltimore, Md

JUL 13 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1943, at 5 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Shock
Due to 2nd. degree burns

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-10-43 at a. M.
(b) Where did injury occur? Chestertown, Md
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Conflagration

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-10-43

VS 151

6256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 06256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dickerson

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sallie C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1878

8. AGE: Years 65 | Months 11 | Days 22 | If less than one day: hr. min.

9. Birthplace Maryland (City, county, or state)

10. Usual Occupation Butler

11. Industry or business

MOTHER / FATHER
12. Name John Dickerson
13. Birthplace Maryland
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sallie C. Dickerson
(b) Address 2013 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1943 (mo.) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director Mrs. George H. Hyland
(b) Address 1631 Druid Hill Ave.

19 JUL 13 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1943, at 2:34 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1941 to July 9 1943, and that I last saw h alive on July 1 1943.

Immediate cause of death: Coronary Thrombosis.
Due to Hypertensive Heart Disease — Duration 4 yrs
Due to Essential Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Hershel M. D.
Address 2202 Eden St. Date signed 7/12/43

VS 180

06257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

06257 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3134 Normount ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 69
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3134 Normount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip Ferowitz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Shirt Cutter
11. Industry or business

FATHER
12. Name Stanley Ferowitz
13. Birthplace Lith.

MOTHER
14. Maiden Name Agnes
15. Birthplace Lith

16 (a) Informant Louise Stann
(b) Address 3134 Normount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 '43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kaminskas
(b) Address 602 Edmondson Blvd.

19 (a) JUL 13 1943 Huntington Millers, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1936 to July 11 1943 and that I last saw him alive on July 10 1943

Immediate cause of death Pulmonary Tuberculosis — Duration July 1941

Due to

Due to

Other Conditions Renal Tuberculosis 1936

(Include pregnancy within 3 months of death)
Date of operation 1936
Major findings of operation: Tuberculosis Rt Kidney
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify place)
(e) Means of injury

23. Signature Edward J Nolan M.D.
Address 602 Edmondson Blvd Date signed 7-12-43

VS 8

G 06258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

VG 06258 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. Johns Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 St. Dunstans Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bettie Manro Sippel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Frederick Sippel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	4	5		

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name William Ourster
13. Birthplace Md.

MOTHER 14. Maiden Name Melcina Talbott
15. Birthplace Md.

16 (a) Informant Mrs Dorothy Maffbee
(b) Address 307 St. Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 120 St. Paul St.

19 Filed JUL 13 1943 Registered by registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to July 9 1943, and that I last saw her alive on July 9 1943.

Immediate cause of death Myocarditis. Arterio-sclerosis

Duration Gradual 4

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M H Hoody

Address 1403 Fulton Date signed 7/12/43

VS 180

G 06259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06259 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Pikesville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Dreher Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Mrs Mathilda Lindner~~ Mathilde C. Lindner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
~~Female~~	White	Married

6 (b) Name of husband or wife Mr. Charles H. Lindner

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) August 20, 1875

8. AGE: Years	Months	Days	If less than one day
69 ~~70~~	10	21	hr. min.

9. Birthplace ~~Md.~~ Baltimore, Md. (Town, county, and state)

10. Usual Occupation ~~H-W~~ Housewife

11. Industry or business At Home

FATHER
12. Name ~~Phillip~~ Phillip Jaeger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ~~Bret~~ Begts
15. Birthplace Germany

16 (a) Informant Mr. Charles H. Lindner
(b) Address 22 Dreher Ave., Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillips Lamoreau
(b) Address 1005 W. Baltimore St.

19 (a) JUL 19 1943 (b) Washington Nilliams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1943, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1943, to 7-11 1943, and that I last saw h.e alive on 7-11 1943.

Immediate cause of death Mesenteric embolism

Due to Auricular fibrillation

Due to Hypertensive Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-10-43

Major findings of operations: Gangrene of portion involving intestines

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Brent C. Meade M.D.
Address Univ. Hosp. Date signed 7/11/43

JL - 62515 G 06260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Justus Henry Snyder~~ Justus Henry Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-3240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary H. Snyder
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, ~~1887~~ 1886

8. AGE: Years	Months	Days	If less than one day
~~55~~ 56	~~8~~ 9	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Upholsterer Salesman
11. Industry or business C. D. Berdell

FATHER
12. Name Albert Snyder
13. Birthplace Md.

MOTHER
14. Maiden Name ~~Annie ?~~ Anna Schinf
15. Birthplace Md.

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director C. W. Samorean
(b) Address 1003 W. Baltimore St.

19 (a) ~~7-13-1943~~ (Date received by local registrar) (b) Huntington Williams M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/12 1943, and that I last saw h~~im~~ alive on 7/12 1943.

Immediate cause of death PROFOUND ANEMIA
HYPOGASTRIC HEMORRHAGE
Due to ? GI Malignancy
Due to
Other Conditions (over)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mott M. D.
Address B.C.H. Date signed 7-12-43

G 06261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06261 Registered No. 1226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor ave
(c) Hospital or institution Mercy Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 winkler ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-19-6079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Esa M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 20 April 1903

8. AGE: Years	Months	Days	If less than one day
40	12	22 21	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business

FATHER
12. Name Frank Holland
13. Birthplace Md

MOTHER
14. Maiden Name Hilmer
15. Birthplace Balto Md

16 (a) Informant Mrs. Holland
(b) Address 1802 Winkler ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Rd

18 (a) Funeral director Edward Loudon
(b) Address 2339 Wash Blvd

19 (a) Date received JUL 13 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 ; and that I last saw h alive on 19 .

Immediate cause of death: Cardiac Syncope
Due to: Acute Intestinal Obstruction — Duration: 10 hrs. / 9 days.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: July 11 1943
Major findings of operation: Volvulus of Sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Bonelli M. D.
Address 1713 Frederick Rd Date signed 7/14/43

G 06262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 06262

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1734 N. Calhoun
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 N. Calhoun
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Shaw

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife James Shaw (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1863

8. AGE: Years 80 | Months 4 | Days 22 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER

12. Name Sarah Emery

13. Birthplace Maryland

FATHER

14. Maiden Name ?

15. Birthplace

16 (a) Informant Mrs. Laura Roberts
(b) Address 1734 N. Calhoun

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month, day, year)

(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1363 Pleasant

19 (a) JUL 13 1943 (Date rec'd by registrar) Registrar

Huntington Milwaukee

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 10 1943 and that I last saw her alive on July 10 1943

Immediate cause of death Aortic Regurgitation — Duration 3 days

Due to Cerebral Apoplexy — 9 days

Due to Hypertension — 6 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Emery M. D.

Address 1420 E. Chase Date signed 7-13-43

VS 3

G 06263 Bostwick

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1572 Registered No. G 06263

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 97 W. Washington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Bostwick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/11/43

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 13 hr. 41 min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Herman John Bostwick
13. Birthplace

MOTHER
14. Maiden Name Lalia Nancy
15. Birthplace Italy

16 (a) Informant Marcella Bostwick
(b) Address 97 W. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Bulk Head

18 (a) Funeral director Frank Della Rocca
(b) Address 522 S. Hanley St.

19 JUL 13 1943 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1943 at 7:26 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11 1943 to 7/11 1943, and that I last saw h alive on 7/11 1943.

Immediate cause of death Respiratory failure

Due to Pulmonary edema

Due to Congenital heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carl Myers M.D.
M. D.
Address Mercy Hospital Date signed 7/14/43

correct age is especially important. Typewrite or print plainly with indelible pencil. Do not write in margins. Use no abbreviations.

VS 180

437669 G 06264

BALTIMORE CITY HEALTH DEPARTMENT XV G 06264
CERTIFICATE OF DEATH 102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Forty Fort (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Yates St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maxcy Gregg Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife MADELINE
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 8-23-93

8. AGE: Years	Months	Days	If less than one day
49	10	19	hr. min.

9. Birthplace MO (Town, county, and state)
10. Usual Occupation MANAGER
11. Industry or business

FATHER
12. Name Maxcy C Hall
13. Birthplace ALA

MOTHER
14. Maiden Name
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory Forty Fort
Location Forty Fort Pa.
18 (a) Funeral director John O Mitchell
(b) Address 1900 Ontario Place
19 (a) [illegible] (b) Huntington Williams, M.D.

JUL 19 1943

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 12 1943 and that I last saw h i M alive on July 12 1943.

Immediate cause of death Uremia
Cardiac failure
Due to
Due to Malignant Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas T Mount jr. M.D.
Address Johns Hopkins Hosp. Date signed 7/19/43

correct age is especially important

G 06265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55E

G 06265 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Parkland + Payson
(c) Hospital or institution: West Balto Gen.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 W. Fayette Ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Vampra

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Elizabeth Vampra
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business retired

FATHER
12. Name Joseph Vampra
13. Birthplace Phila Pa.

MOTHER
14. Maiden Name Elizabeth Myers
15. Birthplace Phila Pa.

16 (a) Informant Joseph Vampra
(b) Address 620 N. 37th St. Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 43 (month) (day) (year)
(c) Cemetery or crematory Westerly
Location

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) JUL 13 1943 (Date received) Hamilton Williams Undertaker 2224 Eutaw Pl

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1943 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1943 to 7-11 1943 and that I last saw him alive on 7-11 1943.

Immediate cause of death Generalized Sarcomatosis
Due to Myosarcoma Rt forearm
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1943
Major findings of operation: Palliative Amputation Rt forearm
of autopsy

Duration
1 yr
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Levin M. D.
Date signed July 11 1943

G 06266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06266 Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 N. Broadway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Leon Hudson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-01-4743

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Erma Morrow Hudson

6 (c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.) April 8, 1900

8. AGE: Years 43 | Months 3 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Motion Picture Operator

11. Industry or business

FATHER
12. Name Harry Lee Hudson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Bertha E. Egger
15. Birthplace Baltimore

16 (a) Informant Mrs. Erma Morrow Hudson
(b) Address 5514 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) JUL 13 1943 (Date received by Local Registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 10 4 M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 11 1943

G 06267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 06267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 N. Dallas St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE JOHANNA BILTZ

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.) 8-24-93

8. AGE: Years 49 | Months 11 10 | Days 17 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business home

FATHER
12. Name John Wild
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schultz
15. Birthplace Germany

16 (a) Informant Edward Biltz
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (Signature) Huntington Williams M.D.

JUL 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10 1943, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/10 1943, and that I last saw her alive on 7/9 1943.

Immediate cause of death: Coronary Thrombosis — Duration: 7/7/43

Due to

Due to

Other Conditions: Pulmonary Edema — 7/9/43?

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: none

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Lucas M.D.

Address Md. Gen. Hosp. Date signed 7/10/43

Written signature especially important. Physicians: please write the causes of death clearly and legibly.

8268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d

G 06268

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayan Ave
(c) Hospital or institution: West Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 N. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Gevantman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-2243

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Pants Operator

11. Industry or business

MOTHER / FATHER

12. Name Heyman Gevantman

13. Birthplace Russia

14. Maiden Name Rachel

15. Birthplace Russia

16 (a) Informant Hospt. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Lemon Hill Rd

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Baltimore St.

JUL 13 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943 at 1:27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1943 to 7-12 1943. and that I last saw h Conalive on 7-12 1943

Immediate cause of death Generalized Carcinomatosis — Duration

Due to Carcinoma of Rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-6-43

Major findings of operation Carcinoma of Rectum - Operation was Transverse Colostomy

PHYSICIAN

Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Simon M. Checkett

Address WBGH Date signed 7/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 06269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Belle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Mensh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Reuben Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Blumer
15. Birthplace Russia

16 (a) Informant Aged Home
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-43 (month) (day) (year)
(c) Cemetery or crematory Location Pikesville Hebrew Rest Bayview Lawn

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 JUL 13 1943 (b) Huntington Williams M.D. (Registrar)
(Date filed by registrar)

YS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14 1943, to 7-12 1943, and that I last saw h ee alive on 7-12 1943.

Immediate cause of death Bronchopneumonia — Duration
Arteriosclerosis, Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M. D.
Address Lorndale Date signed 7/12/43

correct age is especially important and should be obtained in every case. Use extra sheet if necessary.

6270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 06270
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Maude Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Maude Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Ellsworth Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1881

8. AGE: Years	Months	Days	If less than one day
61	10	3	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Franklin P Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Louise Beddel
15. Birthplace Md

16 (a) Informant Mrs Ed. W Anderson
(b) Address 519 Maude Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 2457 Light St

19 (a) JUL 13 1943 (Date rec'd by registrar) Registration District Washington

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, 3:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1943 to July 13 1943, and that I last saw him alive on July 10 1943

Immediate cause of death: General Arterio-Sclerosis — Duration 1 year
Due to: Coronary Occlusion — Duration 1/2 hr
Due to:
Other Conditions: Chronic Nephritis — Duration 1 year
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. G. Moore M. D.
Address 76 Carroll St Date signed 7-14-43

VS 150

Please write clearly. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

G 06271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 06271
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Chelsea Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Chelsea Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Mary Kreed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wolf Kreed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Abraham Isaac Bickel

13. Birthplace Poland

MOTHER

14. Maiden Name Ugra -

15. Birthplace Poland

16 (a) Informant Wolf Kreed
(b) Address 3107 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Beth Jehoshua Cem.

18 (a) Funeral director Jacob Pereira Inc
(b) Address 1439 E. Balto. St.

Jul 13 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1943, to July 12 1943, and that I last saw h e r alive on July 13 1943.

	Duration
Immediate cause of death: Acute Pulmonary Oedema	3 days.
Due to Cardiac Hypertrophy & Dilatation	15 mo.
Due to Hypertension	3 years
Other Conditions Diabetes	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Sloan M. D.
Address 3203 Garrison Blvd Date signed 7/13/43

VS 2

AB-82514 G 06272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 06272 309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Leadenhall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Hackaday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married-Separated

6 (b) Name of husband or wife John Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1903

8. AGE: Years	Months	Days	If less than one day
39	7	26	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George H. Baker
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Baker
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address (records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (month) (day) (year)
(c) Cemetery or crematory
Location West Point, Va.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUL 13 1943 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/43 19 at 7:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/12 1943 and that I last saw h[illegible] alive on 7/12 19 43

Immediate cause of death Gastric Duration 2-3 mo.
Yellow atrophy of liver
Due to Arsenotherapy
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sigmon M. D.
Address Balto. City Hosp. Date signed 7/13

Register's office is especially important. Physicians: please write the causes of death clearly and legibly.

G 06273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74 b

Registered No. G 06273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 W. Fairmount Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Miss Melva King

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-14-9713

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 6, 1927

8. AGE: Years 16 | Months 4 | Days — | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Arthur H. King
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Ethel R. Hershberger
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ethel King
(b) Address 1529 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson & Smallwood

18 (a) Funeral director Thos F. Kenny
(b) Address 1601 Hollins St

19 (a) JUL 13 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 2 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1943 to 7-11 1943 and that I last saw her alive on 7-11 1943

Immediate cause of death: Pulmonary Edema & Congestion
Due to: Acute Aleukemic Leukemia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 48 hours

Date of operation —
Major findings of operation: —
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Kane M.D.
Address Bon Secours Hosp Date signed 7-14-43

VS 3

G 06274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH / 93D

G 06274 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2857 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2857 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA BILSON

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Frank O., Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1861

8. AGE: Years 81 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Henry Paul
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Frank O. Bilson, Jr.
(b) Address 3002 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Baltimore, Md.

19 [illegible] 19 1943 (b) [illegible] Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1943 to July 10 1943 and that I last saw h/w alive on July 10 1943

Immediate cause of death

Chronic Cardiovascular disease — Due to — Duration 6 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify actual place)
(e) Means of injury

23. Signature Ernest W. Talbert
Address 735 Poplar Gr Pk Date signed 7/12/43

G 08275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G 08275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Womans Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Bankhead Drive (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Ellen Baum

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1877

8. AGE: Years	Months	Days	If less than one day
65	8	26	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation practical nurse
11. Industry or business

FATHER
12. Name Samuel Baum
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Lippy
15. Birthplace Carroll Co., Md.

16 (a) Informant admission blank
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Union Cem.
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS,
(b) Address Balto., Md.

19 JUL 13 1943 (Registrar's number) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1943 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1943 to 7-11 1943 and that I last saw h Her alive on 7-10 1943.

Immediate cause of death	Duration
Cardio resp. failure	1 hour
Due to Anasarca	2 weeks
Due to Lymphatic leukemia	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Clear cut lobar pneumonia in [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frankford E. Leslie M. D.
Address Womans Hospital Date signed 7/14/43

VS 3

G 06276 [illegible] G 06276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1561 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Augusta Pranke (Augusta Pranke)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frank L.

6 (c) If alive, [illegible] years

7. Birth date of deceased (mo., day, yr.) [illegible] Aug. 19

8. AGE: Years 72 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Frank Sunkle
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Marie Wagner
(b) Address 1561 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 7/13/43 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1943, at 5[illegible] AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1943, to 7/12 1943, and that I last saw h[illegible] alive on 7/12 1943.

Immediate cause of death: arterial sclerosis — Duration
heart disease with myocardial degeneration & congestive
Due to heart failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Md Gen Hosp 7/13/43

Cor[illegible]

G 06277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 06277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Grantley Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN NELSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	217-07-7543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widow

6 (b) Name of husband or wife Mary Theresa Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1875

8. AGE: Years	Months	Days	If less than one day
67	7	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Henry Kries Sons

FATHER
12. Name Frederick Lunt Nelson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Ebert
15. Birthplace Md.

16 (a) Informant Miss Lillian B. Nelson
(b) Address 3610 Grantley Rd.

JUL 13 1943

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by Registrar) (b) Huntington Williams Registrar

JUL 13 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943 at 1:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1943 to 7-12 1943. and that I last saw him alive on 7-12 1943

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Thrombosis

Due to Arteriosclerotic Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas B. Dunne, M.D.
Address Univ. Hospital Date signed 7/12/43

correct age is especially important - physicians please write the cause of death clearly and legibly.

G 06278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06278 Registered No. 462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dutchlands Rayner 64
(c) Hospital or institution: W Balto Gen Hosp 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4213 Wiltshire Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ahlendorf

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-24-1884

8. AGE: Years	Months	Days	If less than one day
59	3	18	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Della S. Gummel
(b) Address 4213 Wiltshire Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Marsh
(b) Address 5305 Harford Rd

19 (a) Date received by registrar (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 6:50 AM

21. I certify that death occurred on the date above stated, that I attended deceased from June 17 1943 to July 13 1943, and that I last saw her alive on July 13 1943.

Immediate cause of death Terminal pneumonia — Duration

Due to Postoperative shock

Due to Carcinoma of stomach with metastases

Other Conditions

(Include pregnancy within three months of death)

Date of operation 7/4/43

Major findings of operation: Carcinoma of stomach & metastases

of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan M. Chestnut M.D.
Address W. Balto Gen Hosp Date signed 7/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06279
437614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 06279
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 E. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelius Toulas

3 (b) If veteran, name war	3 (c) Social Security Account No.
WWI	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 8-19-91

8. AGE: Years	Months	Days	If less than one day
51	11 10	23	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name George Toulas
13. Birthplace Greece

MOTHER
14. Maiden Name Catherine?
15. Birthplace Greece

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County
18 (a) Funeral director John F. Weber
(b) [illegible] Chester Street
19 (a) JUL 13 1943 (b) [illegible]
(Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 7:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 12 1943 and that I last saw him alive on July 10 1943

Immediate cause of death: Cerebral hemorrhage
Due to: hypertensive cardiovascular renal disease
Due to:
Other Conditions: cardiac failure & pulmonary edema, uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. P. Duncan Jr. M.D.
Address JHH Date signed 7-12-43

correct age is especially important. If uncertain, please write "supposed" before the age given.

VS 150

G 06280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 06280 Registered No.

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner Ave. & Dukeland St
(c) Hospital or institution:
West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 W. Belvedere Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter M. Manger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Addie E. Manger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1881

8. AGE: Years	Months	Days	If less than one day
61	9	5	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)
10. Usual Occupation Jobber
11. Industry or business

FATHER
12. Name Frank Manger
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Steller
15. Birthplace Md.

16 (a) Informant Mrs. Addie E. Manger
(b) Address 3320 W. Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 JUL 12 1943 (b) [illegible] Hunting for Williamsport

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1943 at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to July 1943 and that I last saw h[illegible] alive on July 8 1943

Immediate cause of death Coronary thrombosis

Due to Intermittent sclerosis

Due to Infarct

Other Conditions Cholecystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Volmert M. D.
Address 4710 Liberty Hts Date signed 7/12/43

6281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. G 06281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Hillman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Peters

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 25, 1867

8. AGE: Years	Months	Days	If less than one day
76	1	17	hr. min.

9. Birthplace York Pa
(Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

FATHER
12. Name Andrew Fluhrer
13. Birthplace France

MOTHER
14. Maiden Name Caroline Fluhrer
15. Birthplace Germany

16 (a) Informant Bruce Dieter
(b) Address 814 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-43 (month) (day) (year)
(c) Cemetery or crematory St. Marys Cem. Co
Location Hampden

18 (a) Funeral director Wm. Cook Jr.
(b) Address 1217 St. Paul Street

19 JUL 13 1943 (Date received by registrar) Huddleston Williams M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1943, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Illuminating Gas
Other Conditions Confusion
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-12-43 at P M.
(b) Where did injury occur? 1008 Hillman Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhalation of gas - from range

23. Signature Howard J. Huddleston M.D.
Medical Examiner.
Date signed 7-13-43

HOWSER

G 06282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 06282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2254 Annapolis Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2254 Annapolis Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Caroline Howser

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John W. Howser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1861

8. AGE: Years 82 | Months 5 4 | Days 20 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Pa.

MOTHER
14. Maiden Name Dont know.
15. Birthplace Pa.

16 (a) Informant Mrs Mary E. Smith
(b) Address 2254 Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto City

18 (a) Funeral director A. Donald Evans
(b) Address 1400 St Charles St

19 (a) (Signature and address of licensed embalmer) Huntington Williams, Mgr

JUL 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to July 12 1943, and that I last saw h[illegible] alive on July 12 1943.

Immediate cause of death Senility — Duration

Due to Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kermond M. D.
Address 1934 Wilkens Ave Date signed 7/13/43

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

G 06283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06283 Registered No. 58 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Marks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr 21 1937

8. AGE: Years	Months	Days	If less than one day
6	2	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boy
11. Industry or business

FATHER
12. Name John Marks
13. Birthplace Detroit

MOTHER
14. Maiden Name Rose Thompson
15. Birthplace Chicago

16 (a) Informant John Marks
(b) Address 1608 2 Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 (month) (year)
(c) Cemetery or crematory Loudon Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver

19 JUL 13 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1943, at 3:20 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH

Rheumatic Endocarditis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mahlaris M.D.
Medical Examiner.
Date signed 7-13-43

G 06284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 06284 Registered No.

Write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3549 Old Frederick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Patrick Wilson.

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Amanda L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14 1874

8. AGE: Years 68 | Months 7 | Days 28 | If less than one day hr. min. 27

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Stationary Engineer
11. Industry or business

FATHER
12. Name John Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Md

16 (a) Informant Mrs. J. P. Wilson
(b) Address 3549 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Irving
Location Baltimore Co. Md

18 (a) Funeral director Geo. A. Farley
(b) Address Fulton & Fayette

19 (a) JUL 13 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1943 at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1943 to 7-11 1943 and that I last saw him alive on 7-11 1943

Immediate cause of death Carcinoma Head of Pancreas — Duration ?

Due to —

Due to —

Other Conditions Arteriosl. C-V. Disease — ?

(Include pregnancy within 3 months of death)

Date of operation 6-18-43

Major findings of operation Same

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kreig M.D.
Address Bon Secours Hosp Date signed 7-12-43

VS 3

G 06285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Cecil Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) — 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Cecil Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Kelly
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 73 years

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	—	—		

1871

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business R.R. Road

FATHER
12. Name Philip Kelly
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Kelly
15. Birthplace Baltimore

16 (a) Informant Mary Buckley Kelly
(b) Address 2029 Cecil Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —
18 (a) Funeral director Mary M. Wedefeld
(b) Address 501 E. 22nd St.
19 (a) (Date rec'd by registrar) Huddleston Williams, M.D. Registrar

JUL 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to July 1943, and that I last saw h[illegible] alive on July 1943.

Immediate cause of death
Uremia — Duration 2 days
Due to Arterio-sclerotic heart disease — hypertension — 4 years.
Due to
Other Conditions Cerebral Hemorrhage — 10 years.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry L. Hamman M. D.
Address 20 E. Pratt St. Date signed 7/13/43

G 06286 G 06286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sandra Ann Armentrout

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10/43

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation nnn
11. Industry or business

FATHER
12. Name Quincy Armentrout
13. Birthplace W. Va

MOTHER
14. Maiden Name Julia Zaborsky
15. Birthplace

16 (a) Informant Quincy Armentrout
(b) Address 1232 W. Lanvale St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/13/43 (month) (day) (year)
(c) Cemetery or crematory Boswell Ann
Location Pa

18 (a) Funeral director Philip Hennighausen
(b) Address 2024 Orleans St

19 JUL 13 1943 (b) Registrar
Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/43 19 . 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1943 to 7/13 1943.
and that I last saw h alive on 7/13 1943.

Immediate cause of death	Duration
Cerbral Hemorrhage	
Due to Hemorrhagic Pancreatitis	2 days
Due to Peritonitis	
Other Conditions Atelectasis	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Bayless M. D.
Address 600 Wilkens Ave Date signed 7/13/43

G 06287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 06287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St.
(c) Hospital or institution: St. Joseph's Hosp, Ward 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sevcik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1898

8. AGE: Years 45 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Herrnwork (Town, county, and state)

10. Usual Occupation Bohemia

11. Industry or business

FATHER
12. Name Mathew Sevcik
13. Birthplace Bohemia

MOTHER
14. Maiden Name Josefine Cepluch
15. Birthplace Bohemia

16 (a) Informant Vincent Sevcik
(b) Address 4200 Parkwood Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Graston
(b) Address 900 N Rhoads St

(a) Date received by Registrar JUL 13 1943 (b) Registrar's No. 6 Washington Nat'l

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1943 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1943 to 7-13 1943 and that I last saw her alive on 7-13 1943

Immediate cause of death: Subarachnoid Hemorrhage — Duration

Due to: Fractured Skull & scalp laceration

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - Fell from step
(b) Date of occurrence 7-11-43 at 11 A.M.
(c) Where did injury occur? Baltimore Md.
4600 Frankford Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Around church While at work? No
(Specify type of place)
(e) Means of injury Fell down church steps.

23. Signature Stanley B. Klyanowicz M.D.
Address St. Joseph's Hosp Date signed 7-13-43

VS-1

79872 G 06288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1363

G 06288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~75 yrs.~~ Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 858 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~John Kelley~~ John J. Kelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, ~~1869~~ 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
~~74~~ 69	2	23		

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name James Kelley
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgett Durkin
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director E. L. Donovan
(b) Address 1005 W. Baltimore St.

19 (a) JUL 13 1943 (b) Registrar Hunter Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/43 19 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 43 to 7/12 19 43.
and that I last saw him alive on 7/12 19 43.

Immediate cause of death Hyperglycemia — coma — unknown — Duration ?
Due to
Due to
Other Conditions Pul. TBC. ; gen. debility — 2 yr.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No past

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Donovan M. D.
Address Balto. City Hosp. Date signed 7/13

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

43-737 G 06289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06289 Registered No. 569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Robinson Creek (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Russ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 3-5-96

8. AGE: Years 47 | Months 4 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Timber Cutter

11. Industry or business

FATHER 12. Name George Russ
13. Birthplace Ky

MOTHER 14. Maiden Name Va. Dye
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 43 (month) (day) (year)
(c) Cemetery or crematory Eastview
Location Eastview Md

18 (a) Funeral director John E. Mitchell Sons
(b) Address 1900 Ostend Place.

July 13 1943 (b) Huntington, West Virginia
(Date rec'd by registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943, to July 13 1943, and that I last saw h i alive on July 13 1943.

Immediate cause of death: Brain Tumor (Dural Tumor) — Duration 8 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 12, 1943

Major findings of operation: Dural Tumor (Brain)

of autopsy: Dural Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George U. Ruppel M. D.
Address Johns Hopkins Hospital Date signed 7-13-43

Copy to be filed with the Bureau of Vital Statistics. Physicians: please write the cause of death clearly and legibly.

06290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1920

G 06290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 N Carrollton ave
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore 24 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Carrollton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-3749

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Cordelia Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 9 1884

8. AGE: Years	Months	Days	If less than one day
58	7	1	hr. min.

9. Birthplace Eastville Va
(Town, county, and state)
10. Usual Occupation Elevator Opr
11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Eastville Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Cordelia Johnson
(b) Address 432 Carrollton ave

17 (a) Burial (b) Date thereof July 14, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Baltimore county

18 (a) Funeral director Joseph A. Sterling
(b) Address 2020 Mount Street.

19 (a) JUL 13 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943 at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 10 1943 and that I last saw h alive on July 10 1943.

Immediate cause of death Aortic Heart disease — Duration Broken

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Heath M.D.
Address 432 Carrollton Date signed July 13 1943

VS 3

06291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 06291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7426 Marble Hill Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7426 Marble Hill Rd (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond L. Benson

3 (b) If veteran, name war No.
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Alice E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1897

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	3	7		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Purchasing Agent
11. Industry or business Penny. Co.

FATHER
12. Name William J. Benson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Louisa W. Lawrence
15. Birthplace Balto Md.

16 (a) Informant Alice E Benson
(b) Address 7426 Marble Hill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto. Md

18 (a) Funeral director William Cook Jr
(b) Address 1211 E. Pratt St.

19 JUL 14 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to July 17 1943, and that I last saw h[illegible] alive on July 7 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to
Due to Uremia — Kidneys - Chr.
Hypertension Chr. Nephritis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. V. Meyer M.D.
Address 1500 E. 33rd St Date signed 7/13/43

06292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 06292 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison st
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Woodhouse Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Rebecca Gertrude Rogers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1867

8. AGE: Years	Months	Days	If less than one day
76	4	8	hr. min.

9. Birthplace Eastern Shore of Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Clerk

FATHER
12. Name John Rogers
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Sappington
15. Birthplace Md.

16 (a) Informant Mary V. Rogers
(b) Address 3113 N. Calvert st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loraine
Location Balto Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 JUL 14 1943 (Date received by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1943, at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1943 to 7-12- 1943, and that I last saw him alive on 7-11 1943

Immediate cause of death Generalized arteriosclerosis — Duration ? 2 days

Due to

Due to

Other Conditions Pangrene legs

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) —
(e) Means of injury

23. Signature Morris B. Schreiber M. D.
Address 514 S. Fulton Ave Date signed 7-13-43

06293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-2a

G 06293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Rogers Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Rogers Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Tracey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Wilbert H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	19	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name Joseph Ruby
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Hanner
15. Birthplace Md.

16 (a) Informant Mr. Wilbert H. Tracey
(b) Address 3702 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43. (month) (day) (year)
(c) Cemetery or crematory Forest Baptist Ch.
Location Near Hampstead, Md.

18 (a) Funeral director Harry H. Kittle
(b) Address 401 E. Monument Ave.

19 JUL 14 1943 Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11/43 19 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to July 11 1943. and that I last saw h alive on July 11 1943

Immediate cause of death

Carcinoma of Kidney

Due to

Metastasis Liver & Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of Removed R. Kidney April 1940

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Nelson M. D.

Address 737 W. Fayette Date signed 7/13/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 06294

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 S. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth M. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	?

6 (b) Name of husband or wife Jos A. Smith 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11 - 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	2	3		

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Frances Harold
15. Birthplace V

16 (a) Informant Jos W. Smith
(b) Address 933 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 - 43 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. Mt. Royal Ave

19 JUL 14 1943 Huntington Williams M.D. (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 14 1943, and that I last saw h[illegible] alive on July 13 1943

Immediate cause of death: Hypostatic pneumonia — Duration
Due to: Diabetic gangrene
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation July 12, 1943
Major findings of operation: Diabetic gangrene
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Herman Williams M.D.
Address Md. Gen. Hosp. Date signed July 14 1943

VS 150

G 06295 (1B-82440)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 06295 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Mleczarek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 1870

8. AGE: Years	Months	Days	If less than one day
73 ?	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43. (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943 at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1943 to 7/12 1943 and that I last saw h alive on 7/12 1943.

Immediate cause of death ? Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions Diabetes, regulated

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mattman M.D.
Address B.C.H. Date signed 7/12/43

G 06296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 b

G 06296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Levering A. Banthem

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Levering Banthem
13. Birthplace md

MOTHER
14. Maiden Name Annie E. Jackson
15. Birthplace md

16 (a) Informant Alice Thomas
(b) Address 615 Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A. Deans
(b) Address 1900 W. North Ave

19 (a) JUL 14 1943 (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 12 1943, and that I last saw him alive on July 12 1943.

	Duration
Immediate cause of death: Toxemia	
Due to: Chronic Nephritis	
Due to: Hypertrophied Prostate	
Other Conditions: Pyelonephritis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Banthem
Address Provident Hospital Date signed 7-15-43 M. D.

VS 3

06297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 V

G 06297 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 208 Stratford Road

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 208 Stratford Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Lewellys F. Barker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lillian H. Halsey

6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1867

8. AGE: Years 75 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace: Ontario, Canada (Town, county, and state)

10. Usual Occupation: Physician

11. Industry or business

FATHER 12. Name: James F. Barker

FATHER 13. Birthplace: Ontario, Canada

MOTHER 14. Maiden Name: Sarah Jane Taylor

MOTHER 15. Birthplace: Ontario, Canada

16 (a) Informant: Dr. William H. Barker

(b) Address: 300 Kerneway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 3900 Eutaw Place

19 JUL 14 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1943 to July 13 1943 and that I last saw h alive on July 13 1943.

Immediate cause of death: Carcinoma parotid gland — Duration: 1 yr.

Due to:

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John O. Treacher M. D.

Address 1035 N. Calvert St. Date signed

VS 180

06298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. G 06298

PRESS WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2622 Beryl Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Beryl Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME PAUL BELBOT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wanda (nee Sobus)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1877

8. AGE: Years 65 | Months 8 | Days 29 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Paul Belbot
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Ziemnicka
15. Birthplace Poland

16 (a) Informant Wanda Belbot (wife)
(b) Address 2622 Beryl Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) Date received JUL 14 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 13 1943, at 7.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 13 1943, to JULY 13 1943, and that I last saw h/m. alive on JULY 13 1943.

Immediate cause of death — Duration
CORONARY THROMBOSIS — 4 HRS.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F. Kavanagh M.D. M. D.
Address 9828 McKelvey Ct. Date signed 7-13-43

G 06299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1610 G 06299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 McCulloh Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacqueline Pollett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21, 1943

8. AGE: Years | Months 3/2 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Pollett
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Felton
15. Birthplace Va.

16 (a) Informant Sarah Pollett
(b) Address 1531 McCulloh St

17 (a) Burial (b) Date thereof 7-15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Remsley
(b) Address 578 W. Biddle St.

19 (a) JUL 14 1943 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-1943, at 10:45 AM

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia, Influenza
Partial Atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-13-43

VS 151

G 06300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3414 Bancroft Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Bancroft Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM ANDREW FLAMM

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Julia A. Flamm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1860

8. AGE: Years	Months	Days	If less than one day
83	3	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired Map Publisher
11. Industry or business Own Company

FATHER
12. Name Peter Flamm
13. Birthplace Germany

MOTHER
14. Maiden Name Magdelena Grazier
15. Birthplace Germany

16 (a) Informant Mrs. William A. Flamm
(b) Address 3414 Bancroft Rd.

17 (a) Burial (b) Date thereof 7/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUL 14 1943 (b) by William A. Flamm
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1943 at 9:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to July 12, 1943, and that I last saw h alive on July 12 1943.

Immediate cause of death
1. Cardiac Failure. Degeneration
Due to 2. Arteriosclerosis
Due to 3. Senility

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
unknown
unknown
—

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. D. Evans M. D.
Address 7201 York Rd Date signed 7-14-43

VS 180

G 06301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

G 06301
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (~~yrs., months~~ days) 3 17
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Anneslie, Balto. 12.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Murdock Road
(If rural give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3 (a) FULL NAME Elaine Ethelyn Hutton

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1941

8. AGE: Years 2 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Elihu B. Hutton
13. Birthplace West Virginia (Huttonsville)

MOTHER
14. Maiden Name Blanche Edwards
15. Birthplace Baltimore

16 (a) Informant Hospital Admission History
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 14 1943 (Date received by registrar) Registrar Washington Wilmington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 13 1943, and that I last saw h[illegible] alive on July 13 1943.

Immediate cause of death Respiratory + cardiac failure — Duration: 6 days

Due to Pneumonia — Duration: 6 days

Due to Intestinal Obstruction

Other Conditions Adhesions upper jejunum & deformity of pylorus (Include pregnancy within 3 months of death)

Date of operation 7/10/43

Major findings of operation: adhesions necrotic jejunum

of autopsy: Same as operation

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 7-15-43

VS 180

G 06302

BALTIMORE CITY HEALTH DEPARTMENT ✓ 486

CERTIFICATE OF DEATH

G 06302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4309 St Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4309 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Miss Stella Belknap Hunting.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1867

8. AGE: Years	Months	Days	If less than one day
76	6	8	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eben Belknap Hunting
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Laura Sisco
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Leslie C. Davis
(b) Address Parole, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount — Balto Md.

18 (a) Funeral director Jenkins (Henry W. Sons)
(b) Address McCulloh & Orchard Sts

19 (a) [illegible] (b) [illegible] Washington Williamsport Md
JUL 14 1943

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943. at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943. to July 13 1943.
and that I last saw her alive on July 12 1943.

Immediate cause of death	Duration
1. Carcinoma - Uterus	
2. Pain Abdominal Mass	
Due to Locis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter G Packer M. D.
Address 115 St Paul St Date signed 7/13/43

G 06303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 06303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5708 Falls Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5708 Falls Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Belle V. Chaffman.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Albert M. Chaffman
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1879

8. AGE: Years	Months	Days	If less than one day
64	5	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Jesse N. Daily.
13. Birthplace Maryland
14. Maiden Name Lydia A. Wilson.
15. Birthplace Maryland.

16 (a) Informant Albert M. Chaffman
(b) Address 5708 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion.
Location Fairfield Md.

18 (a) Funeral director Shemwell & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Signature of registrar) (b) Registered July 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1943, at 7 40 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 13 1943; and that I last saw h[illegible] alive on July 13 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	
Cardio - Vasc - Renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Boardman M. D.
Address 1133 Bolton Date signed 7/13/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

06304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No. G 06304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Alfred Goodhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Pauline Goodhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1875

8. AGE: Years 68 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Morris Goodhart
13. Birthplace Holland

MOTHER
14. Maiden Name Bertha Hutchinson
15. Birthplace U.S.

16 (a) Informant Hospital Records
(b) Address Union Mem. Hosp.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harid Donaldson Nelson
(b) Address 1902 Eutaw Place

19. JUL 14 1943 at Huntington Williams Hosp.
(Date file by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 12° M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1943 to July 14 1943; and that I last saw h. alive on July 14 1943

Immediate cause of death Cardio-respiratory failure — Duration

Due to Hypertrophy Prostate — 4 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCook
Address Union Memorial Hospital Date signed 7-14-43

correct age is especially important. Physicians: please write distinctly and use permanent ink.

VS 186

6305 BOOKER Bk. 1720 6305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 577 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 577 N Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grant Bookes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Sophie Bookes
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1878
8. AGE: Years 65 Months Days If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business Laborer.

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Sophie Bookes
(b) Address 577 N Bond St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastern Ave
19 (a) JUL 14 1943 (b) Registrar Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 11:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1943 to July 12 1943, and that I last saw h-- alive on July 12 1943.

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to Hypostatic Congestion
Due to Myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen C. Peters M.D.
Address 522 N. Bond St Date signed 7/14/43

06306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. G 06306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 Parrish St
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Over 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.) ____ years

3 (a) FULL NAME Annie E. Byrd
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Albert Byrd
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Jan. 29, 1870
8. AGE: Years 72 Months 5 Days 12 If less than one day ____ hr. ____ min.
9. Birthplace Calvert County, Md (State or country if not in U.S.)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Jane H. Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Md.

16 (a) Informant Elizabeth Carter
(b) Address 1825 N. Saratoga
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N. Schroeder St
19 (a) [illegible] 1943 (b) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION 7/4/43

20. DATE OF DEATH July 19 1943, at 1 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1943, to July 19 1943 and that I last saw him alive on Dec. 21 1942
Immediate cause of death: Cerebral Hemorrhage — Duration
Due to
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation: None
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Adolphe Cone
Address 1131 Hedeman Pl Date signed July 19 1943

VS 2

48-82569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. 6307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 49[illegible] Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Sarah Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henoretta Jordon or Henirette Jordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Samuel Jordon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17-1894

8. AGE: Years	Months	Days	If less than one day
49	1	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Hawkins
13. Birthplace Md.

MOTHER
14. Maiden Name Francis Park
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1943 (month, day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Eutaw St.

19 JUL 14 1943 (Date accepted) (b) Huntington Williams, M.D. Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1943, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1943, to 7/12 1943, and that I last saw him alive on 7/12 1943.

Immediate cause of death Cerebral hemorrhage — Duration 2-3 hrs
Due to Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sarpeman, M. D.
Address Balto City Hos Date signed 7/12/43

Approved by Howard J. Madden, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~G 6308~~ ✓ G 06308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 W. Carey
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 W. Carey
(If rural give location)
(e) If foreign born, how long in U. S. A.) ____ years

3 (a) FULL NAME Agnes Jones

3 (b) If veteran, name war: none
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife: Samuel Jones
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 17 1881

8. AGE: Years	Months	Days	If less than one day
61	7	24	hs ____ min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Nurse

FATHER
12. Name Thomas Craig
13. Birthplace Washington

MOTHER
14. Maiden Name Mary Bowden
15. Birthplace Washington

16 (a) Informant Marie Craig
(b) Address 1109 W. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 JUL 14 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1943 to July 11 1943 and that I last saw h alive on ____ 19 ____

Immediate cause of death

Duration

Cerebral Hemorrhage 8 days
Due to Acute Selerosis
Due to Increased B.P.
Other Conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Wright
Address 1209 Freedman Date signed 7/12 '43

VS 3

Please write the causes of death clearly and legibly.

G 06309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06309 / 46a

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene + Lombard St.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs 13 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1749 N. Castle St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME O'Conor, Michael

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-1667

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 2 91

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bending Radio

11. Industry or business

FATHER 12. Name Lawrence, W. O'Conor

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Ward

15. Birthplace Cited

16 (a) Informant Mrs. L. O'Conor

(b) Address 1749 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15 1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave Ext

18 (a) Funeral director Leo G. Cook

(b) Address 1701-03 N. Patt. Park Ave

19 (a) (Date received by registrar) (b) Signature Washington Willemain, M.D.

JUL 14 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 12 1943, and that I last saw him alive on July 12 1943

Immediate cause of death: Carcinoma of oesophagus.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 10 1943

Major findings of operation: Gastrostomy

of autopsy: Not done.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert F. Keadle M. D.

Address Univ. Hospital Date signed 7-12-43

G 06310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 G 06310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Tate Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Goodwin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of ~~husband or~~ wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Greenville S.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Mitchell Goodwin
13. Birthplace SC

MOTHER
14. Maiden Name Mary
15. Birthplace S.C.

16 (a) Informant Mrs Sallie Goodwin
(b) Address 3308 Tate St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-1943 (month, day, year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Or A. Co. Md.

18 (a) Funeral director Raby Williams
(b) Address 1515 McElderry St

19 JUL 14 1943 (Date received by Registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1943, at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury
(e) Signature Howard J. Mallett M.D.
Medical Examiner.
Date signed 7-13-43

VS 151

Spec.—1-12-39—M&T—500 Blks. BURdick

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06311

G 06311

CERTIFICATE OF DEATH. 829

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Parkwood ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred A Burdick

(a) RESIDENCE NO. 4006 Parkwood ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Burdick

6 DATE OF BIRTH (month, day, and year): May 22 1871

7 AGE: Years 72 Months 1 Days 20 21

If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Medical Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rhode Island

PARENTS

10 NAME OF FATHER: Alfred B Burdick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rhode Island

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs Alfred Burdick

(Address) 4006 Parkwood Ave

15 Filed JUL 14 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/13/43 19

17 I HEREBY CERTIFY, That I attended deceased from July 6 1943 to July 13 1943

that I last saw him alive on July 11 1943

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows: Ascending Pulmonary Edema

CONTRIBUTORY (Secondary) (duration) Arteriosclerosis Complete yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hugh Hadley M. D.

19 (Address) 3323 Gatto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood — DATE OF BURIAL: July 16 19 43

20 UNDERTAKER: Wilkens Funeral Home — ADDRESS: 5008 Belair

TION is very important. See instructions on back of certificates.

G 06312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G 06312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 834 Jack St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Long

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 9 hr. 15 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Labertus Long
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Catharine Dietrick
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hospital Disposal
Location

18 (a) Funeral director
(b) Address

19 JUL 14 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 6:05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943 to July 12 1943, and that I last saw her alive on July 12 1943.

Immediate cause of death	Duration
Immaturity	
Due to (24 wks gestation)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCord Jr. M. D.
Address Union Memorial Hosp. Date signed 7-12-43

VS 180

G 06313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

G 06313

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3wks

(e) Length of stay in Baltimore (yrs., mos., or days) 3wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL, and give town)

(d) Street No. Middle River Branch

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME John Howard Lloyd

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife —

6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.) April 7-1943

8. AGE: Years — Months 3 — Days 6 — If less than one day hr. min.

9. Birthplace Oliver Beach, Md.

(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER — 12. Name Roy Edward Lloyd

13. Birthplace Va.

MOTHER — 14. Maiden Name Killian, Margaret

15. Birthplace Maryland

16 (a) Informant Mother

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-16-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick Md.

18 (a) Funeral director Roy Lloyd (Father)

(b) Address Oliver Beach, Middle River

19 (c) JUL 14 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 4:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943 to July 13 1943

and that I last saw him alive on July 13 1943

Immediate cause of death: Circulatory failure — Duration

Due to Septicemia — Duration

Due to Diarrhea — Duration

Other Conditions Mongolism — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George Frederick M.D.

Address University Hosp. Date signed 7/14/43

VS 189

G 06314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

G 06314
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Dudley ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Dudley ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Conrad Ruppert

3 (b) If veteran, name of war: No.

3 (c) Social Security Account No. 215-09-9847

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna
6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Dec. 29 84

8. AGE: Years 48 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: Forman
11. Industry or business: Glen Martin Corp.

FATHER
12. Name: Frank Ruppert
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Eva Schaub
15. Birthplace: Balto.

16 (a) Informant: Anna Ruppert
(b) Address: 3306 Dudley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd.

18 (a) Funeral director: M. Wise Dipple & Sons
(b) Address: 7110 Belair Rd.

19 (Date received) JUL 16 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to July 12 1943.
and that I last saw h alive on July 12 1943

Immediate cause of death: Carcinoma of Pancreas

Duration: 3 months

Due to

Due to

Other Condition: Cachexia and metastasis
(Include pregnancy within 3 months of death)

Duration: 10 days

Date of operation: May 8 1943

Major findings of operation: Carcinoma of Pancreas and Liver

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Albert Eisenberg M. D.
Address 2075 E North Ave Date signed 7/12/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 G 06315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Payson Ave
(c) Hospital or institution West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 ja

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Homer Brinkman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46 46	-	-	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Beverages

FATHER
12. Name William Brinkman
13. Birthplace Pa -

MOTHER
14. Maiden Name Alice Goslin
15. Birthplace Pa -

16 (a) Informant Mrs Mary Brinkman
(b) Address 2113 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 15, 1943 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location -

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 22nd St.

19 (a) (Date received by Registrar) JUL 14 1943 Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943 at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1943 to 7-12 1943. and that I last saw h alive on 7-12 1943

Immediate cause of death Terminal Pneumonia — Duration 2 days
Due to Generalized Carcinomatosis
Due to Hypernephroma of Left Kidney
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6-18-43
Major findings of operations Hypernephroma of Left Kidney
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheston
Address WBGH Date signed 7/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6818 Fairmount St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME McCarthy, Daniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Katie McCarthy

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) April 27 - 1892

8. AGE: Years 67 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name John L. McCarthy
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances McGee
15. Birthplace Maryland

16 (a) Informant Mrs. Katie McCarthy
(b) Address 6614 Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md

18 (a) Funeral director Emanuel Brook & Sons
(b) Address 1600 N. North Ave.

JUL 14 1943 (Date received) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943 to July 13 1943 and that I last saw him alive on July 13 1943

Immediate cause of death
Thrombosis post-operative complication
Due to Cholecystitis acute with cholelithiasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 days

Date of operation July 11, 1943
Major findings of operation Acute Cholecystitis
of autopsy: Anthony Glassby

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert J. Keadle M. D.
Address Univ. Hospital Date signed 7-13-43

Correct age is supremely important — registrar, please write the causes of death clearly and legibly.

06317

BALTIMORE CITY HEALTH DEPARTMENT

MJ-81502

CERTIFICATE OF DEATH

30 E G 06317

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPTIALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Penn Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry West or James Henry West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1894

8. AGE: Years	Months	Days	If less than one day
49	0	2	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Unemployed

FATHER
12. Name Fred West
13. Birthplace Georgia

MOTHER
14. Maiden Name Maggie ?
15. Birthplace Georgia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory mt Calvary
Location

18 (a) Funeral director
(b) Address

19 (a) JUL 14 1943 (Date received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4/43 19 , at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 43 to 7/4 19 43.
and that I last saw [illegible] alive on 7/4 19 43.

Immediate cause of death Cardiac failure — Duration 2d.

Due to Luetic CV disease & Cardiac insufficiency — Duration 6 mo

Due to — Duration

Other Conditions I — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Dysman M.D.
Address Balto. City Hospitals Date signed 7/6/43

Doctor Williams

G 06318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 540 W. Lafayette Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: BENNIE GROSS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-4539

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46 45			hr. min.

9. Birthplace Shadyside, Md.
(Town, county, and state)

10. Usual Occupation Bar Tender

11. Industry or business

FATHER
12. Name James S. Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Francis Coates
15. Birthplace Md.

16 (a) Informant: Murthen Gross
(b) Address 540 W. Lafayette Ave.

17 (a) Burial (b) Date of ~~death~~ 7/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co., Md.

18 (a) Funeral director Rudolph Mottaldi
(b) Address 918 Shadyside

19 (a) (Date rec'd by Registrar) JUL 14 1943 (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1943 at 10 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Syphilis cardiovascular.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-12-43

G 06319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1748 G 06319 Registered No.

Type or PRINT IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 Dundalk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Dundalk Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Giuseppe Lazzeri

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Assunta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 10 1869

8. AGE: Years 74 | Months 2 | Days 3 | If less than one day: hr. min.

9. Birthplace Capolone Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Francesco Lazzeri
13. Birthplace Italy

MOTHER
14. Maiden Name Angelina Lazzeri
15. Birthplace Italy

16 (a) Informant Gino Lazzeri (Son)
(b) Address 1419 Dundalk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 82 E. Morley St.

19 (a) JUL 14 1943 (b) Huntington Williams, M.D.
(Local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 7.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942 to July 13 1943 and that I last saw h. alive on July 13 1943

Immediate cause of death: Splenomegaly — Duration: 1/2 yr.
Due to:
Due to:
Other Conditions Cirrhosis of Liver — 1½ yrs.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. W. Reier M.D. M. D.
Address Dundalk Md Date signed July 15 43

G 06320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 33B

Registered No. G 06320

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Eaton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Richard D. Skaggs ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30 1942

8. AGE: Years	Months	Days	If less than one day hr.	min.
0	8	14		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Paul R. Skaggs
13. Birthplace Hinton W. Va.

MOTHER
14. Maiden Name Lillian Ann Miller
15. Birthplace Oak Hill W. Va

16 (a) Informant Paul R. Skaggs
(b) Address 1325 Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Oak Hill Cemetery
Location Oak Hill W. Va.

18 (a) Funeral director Elmer W. Cuddihy & Son
(b) Address 924 E. Eager St.

19 (a) Date received JUL 14 1943 Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943 at 1205 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1943 to July 14 1943, and that I last saw him alive on June 13 1943.

Immediate cause of death	Duration
Toxemia	
Due to Pfeiffer's Meningitis and Multiple Brain Abscesses	
Due to	
Other Conditions Corneal Ulcer	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Meningitis Multiple Brain Abscesses

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert A. Jeter, M.D.
M. D.
Address Sinai Hosp. Date signed 7/14/43

G 06321

Coroner #7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. G 06321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Compton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Gable

3 (b) If veteran, name war	3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amanda Gable
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Caesar Gable
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Amanda Gable
(b) Address 1000 Compton St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUL 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 14 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1943, at AM

21. I certify that I took charge of the remains described above, held an Autopsy-Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 7-10-43
per Howard J. Wheeler, M.D.

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G 06322

457712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06322

1042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George R. Farmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-43

8. AGE: Years | Months: 4 1/2 | Days: 25 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Farmer
13. Birthplace Md.

MOTHER
14. Maiden Name Odessa Rucker
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ar. Co. Md.

18 (a) Funeral director Baltimore Undertaking Co. Wright
(b) Address 721 Eutaw St

19 (a) [illegible] (b) Registrar Huntington Williams M.D.

JUL 14 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 1:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 11 1943, and that I last saw him alive on July 11 1943.

Immediate cause of death: Respiratory Failure — Duration: 24 hrs

Due to: Cerebral Hemorrhage? Primus Pulmonis?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Blumenthal
Address Johns Hopkins Date signed 7/11/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

G 06323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06323 Registered No. 95c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID SHAPIRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Philip Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Lena Satzow
15. Birthplace Russia

16 (a) Informant Mrs. Lena Shapiro
(b) Address 205 2nd. St. S.E.

17 (a) Removal (b) Date thereof 7/14/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Washington DC

18 (a) Funeral director L. Wagandy
(b) Address 3501-14th St N.W.

19 (a) 7/14/1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1943, at 6:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☒ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute cardiac dilatation
Cause undetermined.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. W. Gallmeyer M.D.
Asst. Medical Examiner.
Date signed 7-14-43

VB 151

G 06324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 George St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 George St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel A. Gross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2 1875

8. AGE: Years	Months	Days	If less than one day
68 67	11	10	hr. min.

9. Birthplace St. Marys County Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Daniel A. Gross Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Thomas
15. Birthplace Md.

16 (a) Informant Lettie Penny
(b) Address 1631 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (month) (day) (year)
(c) Cemetery or crematory St. Marks Cemetery
Location St. Marys County Md.

18 (a) Funeral director Mrs. G. A. Elliott & Daughter
(b) Address 1629 N. Carlton St.

19 (a) (Local registrar) Huntington Williams, M.D.
(b) JUL 14 1943

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1943 to 7/12 1943 and that I last saw h[illegible] alive on 7/11 1943

Immediate cause of death — Duration

Cerebral Apoplexy
Due to Paralysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Burkett M. D.
Address 134 W. Mt. Hope Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 06325 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT; WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 Edgevale Rd
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 07
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Edgevale Rd (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME Hortense Beatrice Kloman

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single —
6 (c) If alive, give age 0 years
7. Birth date of deceased (mo., day, yr.) Dec-8-1870
8. AGE: Years 72 | Months 7 | Days 6 | If less than one day: hr. min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business —
12. FATHER Name Charles Kloman
13. Birthplace Washington D.C.
14. MOTHER Maiden Name Louise Kleidi
15. Birthplace Washington D.C.
16 (a) Informant Mrs G. Hyland Cox - niece
(b) Address 500 Edgevale Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (month) (day) (year)
(c) Cemetery or crematory Rock Creek
Location Washington D.C.
18 (a) Funeral director Sullivan Myers Co.
(b) Address 108 W Northern
(c) Huntington Williams MD (Signature of registrar)
JUL 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14/43 19 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to July 14 1943
and that I last saw alive on 19

Immediate cause of death: Carcinoma Left Breast — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1942

Major findings of operation: Breast tumor confirmed Clinical Diagnosis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Moody
Address 1403 Parkon Date signed 7/14/43

VS 180

G 06326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 06326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 339 E. 30th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Meda Estella Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife W. Scott Wolfe

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) March 24-1871

8. AGE: Years 72 Months 3 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Maryland
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name James N. Richardson
13. Birthplace Maryland.

MOTHER
14. Maiden Name Martha Ellen Engelman
15. Birthplace Maryland.

16 (a) Informant W. Scott Wolfe
(b) Address 339 E 30th St. Baltimore Md

17 (a) Burial (b) Date thereof July-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mountain View.
Location Union Bridge Md

18 (a) Funeral director D. D. Shaffer & Son
(b) Address Union Bridge & New Windsor Md

19 (a) July 14 1943 (b) Huntingtown Williamsport Md
Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 14 1943 and that I last saw her alive on July 13 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 wks
Arteriosclerosis Thrombosis	about
Due to Left Femoral	1 week
Gluteo Scalerosis	Many
Due to Chr. Art. Hypertension	years
Other conditions Myocardial Insufficiency - Prostatism	

(Including pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carroll Sockard M. D.
Address 725 N. Charles St. Date July 14, 1943

VS 3

No. 6327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 06327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamilton Ave
(c) ~~Hospital or~~ institution Piney Ridge Convalescent Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ wife Mary G. Ray
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	1	6		

9. Birthplace Balto. Co. Md.
(Town, county and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Wm Ray
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Ryan
15. Birthplace Balto. Md.

16 (a) Informant Mary G. Ray
(b) Address 1108 Barclay St.

17 (a) Burial (b) Date thereof 7/15/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 Filed JUL 15 1943 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1943. 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1933 to July 12 1943.
and that I last saw ~~him~~ her alive on June 18 1943

Immediate cause of death
Paralysis Agitans
Chr. Nephritis
Due to Arterio Sclerosis Gen.
Due to Carc. Rectosigmoid
on Abd. & thighs.
Other Conditions
Operation from Rectal Cancer
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
10 years
4 years
3 Months
1 Month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Gough M.D.
Address 10 E. Biddle Date signed

Approved by Howard J. Malloy M.D. 7/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Booth St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Booth St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** John Augustus Woodin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	Colored.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/13/43

8. AGE: Years	Months	Days	If less than one day
			10 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Leroy Augustus Woodin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Garnet.
15. Birthplace Baltimore, Md.

16 (a) Informant Catherine G. Woodin
(b) Address 1101 Booth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location Balto. Co. Md.

18 (a) Funeral director Chas. H. Elegarden
(b) Address 627 N. Mount St.

19 (a) Date received JUL 15 1943 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1943, to 7/13 1943, and that I last saw him alive on 7/13 1943

Immediate cause of death Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address Univ. Hosp. Date signed 7/15/43

Physicians: please write the causes of death clearly and legibly. Omission or inaccuracy of information should be carefully avoided. Be especially important.

06329

437229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06329 Registered No.

Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2254 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Ward

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7 76

8. AGE: Years 67 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Henry Saunderson
13. Birthplace Va.

MOTHER
14. Maiden Name Francis Redman
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto Md

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

JUL 15 1943 (Date rec'd by Registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1943 to July 11 1943 and that I last saw h[illegible] alive on July 11 1943

Immediate cause of death: Hypertensive cardio-vascular disease & failure — Duration

Due to

Due to

Other Conditions: Bleeding From G-I tract; auricular flutter

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: chronic stenosis of mitral valve

Findings of autopsy: pulmonary embolus, [illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham M. D.
Address J. H. H. Date signed 7-12

VS 180

G 06330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G 06330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) ? (39 yrs)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N Payson St
(If rural, give location)
(e) Citizen of foreign country? and (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nora Bell Parkhill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife Wm. A. Parkhill

Deceased 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1883

8. AGE: Years 60 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wingate Mathews
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Dukes
15. Birthplace Delaware

16 (a) Informant Ethel M. Collister
(b) Address 2816 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Georgetown Del.
Location

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Signature) Huntington Williams, Registrar

JUL 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1943 at 4:?1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/14 1943, and that I last saw her alive on 7/12 1943

Immediate cause of death: Bleeding - as complication of leukemia

Due to

Due to

Other Conditions: Chronic Myeloid Leukemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Cohen M. D.
Address University Hosp Date signed 7/14/43

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06331

JUL 2 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 06331
Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Black Jr. or James Black Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary Black
6 (c) If wife, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 10 1871

8. AGE: Years	Months	Days	If less than one day
71	9+	3+	hr. min.

9. Birthplace Md Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Black
13. Birthplace Md

MOTHER
14. Maiden Name Kate Hermon
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Wilson Funeral Home
(b) Address 2104-6 Auburn St

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13/43 19 . at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/13 1943.
and that I last saw him alive on 7/13 1943.

Immediate cause of death Uremia
1 gen debility
Bronchopneumonia
Due to Nephritis from surg
Therapy & Manipulation
Due to section

Other Conditions Agranulocytosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
10 d.
3 d.
2 d.
20 d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Bergman M.D.
Address Balto. City Hosp. Date signed 7/14

06332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162 B

G 06332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 N. Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Kraeter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband: William P. Kraeter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6th 1870

8. AGE: Years 73 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Kristian Kehm
13. Birthplace Pa

MOTHER
14. Maiden Name Annie L. Farrell
15. Birthplace Ireland

16 (a) Informant Hazel C. Kraeter
(b) Address 1905 N. Wolfe St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/15/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUL 15 1943 (Date received by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13th 1943, at 2.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1941, to July 13 1943, and that I last saw h.er alive on July 13 1943.

Immediate cause of death
Senility

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Goodbrake M.D.
Address 2923 St Paul St Date signed 7/14/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

G 06333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 Foster Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. R. Furrow

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Male

6 (b) Name of ~~husband or~~ wife Edna E. Furrow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
41 40			hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Fairfield Ship Yard

FATHER
12. Name George Furrow
13. Birthplace W. Va.

MOTHER
14. Maiden Name Anna Ratcliff
15. Birthplace W. Va.

16 (a) Informant Mrs. L. W. Libby
(b) Address Crow W. Va.

17 (a) Removal (b) Date thereof 7/15/43
(~~Burial, cremation, or~~ removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Crow
Location Raleigh Co. W. Va.

18 (a) Funeral director William Cook Inc
(b) Address 247 W. Park St.

19 (a) JUL 15 1943 (b) Huntington, W. Va.
(Date rec'd by registrar)

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1943, at 10:45 AM

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture skull

Due to

Other Conditions multiple bruises

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 11-43 at 9.57 A M
(b) Where did injury occur? Sun St. & Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Maddrix M.D.
Medical Examiner.
Date signed 7-14-43

06334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. C 06334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 St. Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 St. Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter C. Worley

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	NONE	Male	White	Married

6 (b) Name of husband or wife Sally O
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)	8. AGE: Years	Months	Days	If less than one day hr.	min.
Nov 22 1864	78	7	22		

9. Birthplace Memphis Tenn (Town, county and state)
10. Usual Occupation Electrical Engineer
11. Industry or business Utility

FATHER
12. Name John A Worley
13. Birthplace Memphis Tenn

MOTHER
14. Maiden Name Robinson Coyle
15. Birthplace Tenn

16 (a) Informant Mrs Jane L Jackson
(b) Address 4923 Edmondson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Wilson Olive
(b) Address 1218 Park Ave
19 (a) JUL 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14- 1943, at 3 05 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 7-14-43

VS 161

G 06335 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Edgewood Nursing Home

CITY OF BALTIMORE: (No. 4000 Belona Ave. Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No. G 06335

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Jones

(a) Residence: No. Ellicott City Howard Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 24 1859

7. AGE: 84 Years | 8 Months | 19 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: Nicholas Jones

14. BIRTHPLACE (City or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan

16. BIRTHPLACE (City or town) (State or country): Unknown

17. INFORMANT: Edgewood Nursing Home

(Address) 4000 Belona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ellicott City, Date July 15 1943

19. UNDERTAKER: Easton Sons

(Address) Ellicott City

20. FILED JUL 15 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1943

22. I HEREBY CERTIFY, That I attended deceased from June 1, 19 to July 14 1943

That I saw her alive on July 13 1943 Death is said to have occurred on the date stated above, at 8.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	indefinite
Other contributory causes of importance: Asthma Bronchiectasis Chronic Myocarditis	indefinite

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. Richard Hall

(Address) 11 E Lexington St

(over)

G 06336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 06336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Upton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILSON BATHEY (BETHEA)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 20 | Months | Days | If less than one day: hr. min. 1923

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business ..

FATHER
12. Name ..
13. Birthplace ..

MOTHER
14. Maiden Name ..
15. Birthplace ..

16 (a) Informant Fannie Ocean (aunt)
(b) Address King St. & City P.O. Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (month) (day) (year)
(c) Cemetery or crematory Hamlet
Location Hamlet, N. C.

18 (a) Funeral director Adolphus Halstead
(b) Address 848 Druid Hill Ave. Huntington Williams, M.D.

19 JUL 15 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1943, at 6:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of skull.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at July 13, 1943 M.
(b) Where did injury occur? Back River Bridge.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Pedestrian struck by auto.

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 7-14-43

VS 181

06337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06337 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 FLEET ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 FLEET ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH G. NELSON JR.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 5 1915

8. AGE: Years 28 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation TAVERN KEEPER

11. Industry or business SELF

FATHER
12. Name JOSEPH NELSON
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name EMMA WALLACE
15. Birthplace BALTO. MD.

16 (a) Informant JOSEPH NELSON (FATHER)
(b) Address 2005 FLEET ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 16/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) JUL 15 1943 (b) [illegible] Registrar
Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 13 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1943 to July 13 1943, and that I last saw h[illegible] alive on July 13 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Beckman M.D.
Address 3505 Eastern Date signed July 14-43

Beckman

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 06338

JL - 82590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06338 / 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Trigger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lucy (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1865

8. AGE: Years	Months	Days	If less than one day
77	7	19	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Bill Trigger
13. Birthplace ?

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Pa

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/43 (month) (day) (year)
(c) Cemetery or crematory Fredericksburg Va.
Location

18 (a) Funeral director Wm. J. Pickney & Sons
(b) Address North & Pa. Aves.

19 (a) JUL 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1943 at 8:[illegible] AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1943 to 7-15 1943, and that I last saw h[illegible] alive on 7/15 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to (or)

Due to

Other Conditions Chronic BVD

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address P. C. R. Date signed 7/15/43

correct age is especially important. If uncertain, please say so. Please write plainly and legibly.

G 06339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph. M. Dausch.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Marie
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) Sept 29 1904
8. AGE: Years 38 | Months 9 | Days 10 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Ice. Business
11. Industry or business Hosp.

FATHER
12. Name Joseph M. Dausch
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara Miller
15. Birthplace Balto. Md.

16 (a) Informant Marie Dausch
(b) Address 2613 E. Fairmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Red.
Location Beloit Md.
18 (a) Funeral director John E. McGarry
(b) Address 3500 E. Balto. St.
19 (a) JUL 15 1943 (Date received by registrar) Registrar Huntington Williams, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1943, at 6.55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to July 12 1943, and that I last saw h alive on 19
Immediate cause of death Pulmonary metastatic carcinoma
Due to Seminoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: 6 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J J Gould M. D.
Address 14 N. Eutaw Date signed 7-14-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 G 06340 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Springfield
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Springfield Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Edward Green

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret J.

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Oct. 6 – 1880

8. AGE: Years: 62 | Months: 9 | Days: 7 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Bottle Capper

11. Industry or business: Globe Brewing Co.

FATHER
12. Name: Fred Green
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Emma Green
15. Birthplace: Balto. Md.

16 (a) Informant: Margaret J. Green
(b) Address: 608 Springfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 17 43 (month) (day) (year)
(c) Cemetery or crematory: New Cath
Location: Old Frederick Rd.

18 (a) Funeral director: John J. Moran
(b) Address: 924 Greenmount Ave.

19 (a) JUL 15 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5, 1943, to July 15 1943, and that I last saw him alive on July 15 1943.

Immediate cause of death: Cardiac Paralysis — Duration:

Due to: Cerebral hemorrhage — 1 day

Due to: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John L. Bound M. D.

Address: 2 West Read St. Date signed: 7/16/43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

G 06341 **CERTIFICATE OF DEATH** 119a G 06341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 776 Bradley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernestine Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22-1942

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Horace Ratt
13. Birthplace

MOTHER
14. Maiden Name Julia Moore
15. Birthplace

16 (a) Informant Records of Maternity Hosp.
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Schroeder St.

19 (a) (Date of registration) JUL 15 1943

Funeral for Williams M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943, at 6E M

21. I certify that death occurred on the date above stated, that I attended deceased from July 13 1943 to July 13 1943, and that I last saw deceased alive on July 13 1943

Immediate cause of death	Duration
Circulatory failure	
Due to Non-infectious disorder	7 days
Due to	
Other conditions Premature parturition (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas A. Hayden M. D.
Address University Hospital Date signed July 3 1943

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 180

G 06342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G 06342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 860 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES A. BLANTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 284-05-8684

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	Married

6 (b) Name of husband or wife Stella Clum ~~Stella Blanton~~

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr) July 16, 1919

8. AGE: Years	Months	Days	If less than one day
23 26	9	25	hr. min.

9. Birthplace Rural Kentucky (Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business U. S. N. #6238104

FATHER
12. Name Slade Blanton
13. Birthplace Kentucky

MOTHER
14. Maiden Name Amanda Watts
15. Birthplace Kentucky

16 (a) Informant Mrs. Ada. Grayeraft
(b) Address 860 W. Baltimore St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/14/43 (month) (day) (year)
(c) Cemetery or crematory Rural Kentucky
Location Rural Kentucky

18 (a) Funeral director Thos. Kemp
(b) Address 601 Hollins St

19 (a) (Signature of registrar) (b) Huddleston Williams, M.D. Registrar

7-15-1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1943, at 4:15 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH drowning, accidental

Due to

Other Conditions. No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-11-43 at 2:40 P.M. 24-2
(b) Where did injury occur? 2929-60 Waterview Ave Westport Brick Yard
(c) Did injury occur at home, on farm, industrial place, in public place? industrial While at work? No
(d) Means of injury drowned while swimming

23. Signature H. L. Wallenmeyer M.D. Assistant Medical Examiner.
Date signed 7-12-43

(over)

G 06343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 06343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Dillon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Dillon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME CHARLES WESLEY GREEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	338-07-0448	M	W	Widowed

6 (b) Name of husband or wife Laura Pearl Green 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	6	4		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Car Inspector
11. Industry or business Union Tank Car Co.

FATHER
12. Name Charles Wesley Green
13. Birthplace Maryland

MOTHER
14. Maiden Name Rhoda E. League
15. Birthplace Maryland

16 (a) Informant Charles Wesley Green, Jr.
(b) Address 3115 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ /43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) [illegible] Washington Williams, M.D. Registrar
(Date received) JUL 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 6 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1943 to July 14 1943, and that I last saw him alive on July 12 1943.

Immediate cause of death Paralysis of Heart — Duration Uncertain

Due to Myocardial Insufficiency — 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NONE
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. A. Rosenblatt
Address 3018 O'Donnell St. Date signed 7/14/43 M. D.

JUL 15 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G 06344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Abbott Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Abbott Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN HENRY HARMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Effie Virginia Rosa 6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1-3-869

8. AGE: Years	Months	Days	If less than one day
74	5	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Musician-retired 10 yrs.
11. Industry or business Park Band

FATHER
12. Name John Harms
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Theresa Reuter
15. Birthplace Baltimore, Maryland

16 (a) Informant Effie V. Harms
(b) Address 1010 Abbott Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) [illegible] (Signature of registrar) (b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1943 to July 13 1943 and that I last saw h im alive on July 12 1943.

Immediate cause of death	Duration
Carcinoma of Prostate Gland & Bladder	6 Mos.
Due to	
Due to	
Other Conditions Arteriosclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1613 E. North Ave. Date signed 7-14-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SM G 06345

82516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06345 Registered No. 46 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Married

6 (b) Name of husband or wife Lina Dixon
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 27, 1885

8. AGE: Years	Months	Days	If less than one day
57	11	15	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Armstrong Dixon
13. Birthplace Virginia

MOTHER
14. Maiden Name Loula ?
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (month) (day) (year)
(c) Cemetery or crematory Denton Cemetery
Location Denton Md.

18 (a) Funeral director Charles E. Corpus
(b) Address 674 N. Calhoun St

Jul 15 1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943 at 945 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-7 1943 to 7-12 1943 and that I last saw him alive on 7-12 1943

Immediate cause of death
Carcinoma of Stomach — Duration 4 mo
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 7-12-43
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Kent M. D.
Address Balto City Hosp Date signed 7-12-43

VS 180

Copies are especially important. Physicians: please write the causes of death clearly and legibly.

Phipps. G 06346

G 06346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hospital of Physicians Club
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. Phipps

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 19 1888

8. AGE: Years 54 | Months 8 | Days 27 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Stock Brokers office

FATHER
12. Name Joseph Phipps
13. Birthplace England.

MOTHER
14. Maiden Name Lina Taylor
15. Birthplace Md.

16 (a) Informant Mrs Walter Fitzpatrick
(b) Address 3317 W. Rogers Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1943 (month) (day) (year)

(c) Cemetery or crematory Freedom Cem.
Location Carroll Co Md.

18 (a) Funeral director C. Harry Wine
(b) Address Westminster, Md.

19 JUL 15 1943 Registrar Arrington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1943, at 9.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1943, to 7-15 1943, and that I last saw h(im) alive on 7-15 1943

Immediate cause of death Uremia — Duration

Due to Chronic glomerular nephritis

Due to

Other Conditions T.S. of hyp. left. Carcinoma bladder AMyloidosis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy: Chronic glomerular nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B Dunne M. D.
Address University Hospital Date signed 9-15-43

T. B. DUNNE, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No. G 06347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Brown Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Yockas or Povilas Yakezis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-7005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known ?

8. AGE: Years	Months	Days	If less than one day
about 50			hr. min

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name ? Yakezis
13. Birthplace Lithuania

MOTHER
14. Maiden Name not known
15. Birthplace Lithuania

16 (a) Informant John Witzen
(b) Address 600 Wyndke Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director John A. Freibauckas Jr.
(b) Address 423 S. Paca St

JUL 15 1943
(Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14- 1943, at 9 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Illuminating Gas
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-14-43 at P. M.
(b) Where did injury occur? 2309 Brown Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhalation-gas, from range

23. Signature Howard J. Weldon M.D.
Medical Examiner.
Date signed 7-15-43

5348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220

G 06348
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Dorsey
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Long
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Married

6 (b) Name of husband or wife Gilbert Long
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Dennis Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Dabitab
15. Birthplace Maryland

16 (a) Informant Hosp. Rec.
(b) Address

17 (a) Burial (b) Date thereof 7-18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~cemetery~~ St. Marks.
Location a.a. Co.

18 (a) Funeral director The W. B. White Co. Inc.
(b) Address Laurel Md.

19 (a) JUL 16 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 15 1943, and that I last saw her alive on July 5 1943

Immediate cause of death Peritonitis — Duration

Due to

Due to

Other Conditions Atelectasis
(Include pregnancy within 3 months of death)

Date of operation 7/12/43

Major findings of operation: Intestinal obstruction

of autopsy: Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. E. McMillan M. D.
Address University Hospital Date signed 7/15/43

VS 180

6349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B

Registered No. C 6349

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Linden Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edith Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Jones | 6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1906

8. AGE: Years 36 35 | Months 9 10 | Days 13 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Jones Wm. Eastwood

13. Birthplace

MOTHER 14. Maiden Name Effa Matthews

15. Birthplace Md.

16 (a) Informant Edith Jones

(b) Address 1120 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/43 (month) (day) (year)

(c) Cemetery or crematory St. Marks. Location Balto. Co.

18 (a) Funeral director The W. B. White Jr. Funeral Home.

(b) Address Towson Md.

JUL 16 1943 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1943 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1943 to July 15 1943, and that I last saw h[illegible] alive on July 15 1943.

Immediate cause of death Cardiac failure — Duration

Due to Cause unknown. Died on operating table.

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)

Date of operation July 14 1943

Major findings of operation Uterus fibroids and another tumor.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Carl Myers M.D.

Address Mercy Hospital Date signed 7/17/43

VS 188

06350 ✓ G 06350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 952 N. Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 952 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Borgholte.

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William G. Borgholte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31st 1867

8. AGE: Years	Months	Days	If less than one day
75	8	14/3	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Thomas Lynch
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Convelle
15. Birthplace Ireland.

16 (a) Informant Miss. Alice Borgholte
(b) Address 952 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July. 17th. 43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd.

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811, Wolfe St.

19 (a) 7/16/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July, 14th. 1943, at 5.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941, to July 13 1943, and that I last saw h alive on July 13 1943.

Immediate cause of death — Duration

Chronic Cardio Renal Dis. — 10 yr.

Due to

Due to General arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd, M. D.
Address 2025 E. Monument St Date signed 7/14/43

VS 8

6351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 F ✓ Registered No. G 06351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24-3
(c) Hospital or institution: Sinai Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace U (Town, county, and state)
10. Usual Occupation
11. Industry or business N

FATHER
12. Name K
13. Birthplace

MOTHER
14. Maiden Name N
15. Birthplace

16 (a) Informant O
(b) Address W

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943, at 1:30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Septicemia

Due to Chronic granuloma tous infection of perineum and leg

Other conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Robert L. Gratz M.D. (Medical Examiner)
Date signed June 24 1943

0241

G 06352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 E. Pratt Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Burton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER — 12. Name	Unk
FATHER — 13. Birthplace	Md
MOTHER — 14. Maiden Name	Unknown
MOTHER — 15. Birthplace	Md

16 (a) Informant Unknown
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 15 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUL 16 1943 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1943, at 0 20 AM

21. I certify that I took charge of the remains described above, held an Autopsy + Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular Disease

~~Due to~~

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malloy M.D.
Medical Examiner.
Date signed 7-4-43

VS 181

F6242

G 06353

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 06353 Registered No.

CERTIFICATE OF DEATH 47D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 / 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NATHAN CHEW

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1808

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1874

8. AGE: Years	Months	Days	If less than one day
68	10	5	hr. min.

9. Birthplace Calvert, Co., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Pat Chew
13. Birthplace Md.

MOTHER 14. Maiden Name NotKnown
15. Birthplace " "

16 (a) Informant Mrs Carrie Brooks
(b) Address 817 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by Registrar) JUL 16 1943 Registrar

VS 144

Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, '43 19 , at 3P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1942 to July 15 1943 and that I last saw h alive on July 15 1943

Immediate cause of death — Duration

Carcinoma of Lung — 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Hartley M. D.
Address 729 S. Hilton Ave Date signed 7/16/43

Cause of death is especially important. Physician: please write the causes of death clearly and briefly.

437795

G 06354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queens Annes Co
(c) City or town Wye Mills, Queens Town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Hutchins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-14

8. AGE: Years	Months	Days	If less than one day
29	3	5	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Alden Bardley
13. Birthplace Md

MOTHER
14. Maiden Name Emma Ringold
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)
(c) Cemetery or crematory Location White Hall Md

18 (a) Funeral director Wm. M. Barton
(b) Address Centreville, Md.

19 (a) JUL 16 1943 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 14 1943, and that I last saw her alive on July 14 1943.

Immediate cause of death	Duration
Respiratory Failure during Anesthesia	
Due to Unknown	
Due to	
Other Conditions Myoma, uterus. Gastrectomy, bilateral. Adhesions present (Include pregnancy within 3 months of death) Hysterectomy	
Date of operation 7-14-43	
Major findings of operation: As above under other conditions	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 7-14-43

G 06355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832a

G 06355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2534 Calvaton Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 Calvaton Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Rommal

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth H. Rommal (Not Married)
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) May 16th 1867
8. AGE: Years 75 | Months 10 | Days 29 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Dairy Business

FATHER
12. Name Rommal
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth H. Rommal
(b) Address 2534 Calvaton Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 | 17 | 43 (month) (day) (year)
(c) Cemetery or crematory St Josephs Catholic Cemetery
Location Dundalk, Md.

18 (a) Funeral director Mrs. Miller & Son
(b) Address 2503 Edmondson Ave

19 (d) JUL 16 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943, at 2:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 15 1943 that I last saw h alive on July 12 1943.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension and Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry S. Gunkel M. D.
Address 2703 Edmondson Ave Date signed 7-17-43

VS 3

SM
06356
82517

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30D

G 06356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 21-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N. Barrie St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Edgar Williams

3 (b) If veteran, name war: NV
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Lyda Williams
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1896

8. AGE: Years	Months	Days	If less than one day
47	5	16	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Willie Williams
13. Birthplace North Carolina

MOTHER
14. Maiden Name Bell ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/16/43 (months) (day) (year)
(c) Cemetery or crematory Public Cem
Location Baltimore MD

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JUL 16 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1943, at 6⁰⁵ AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943, to 7/10 1943.
and that I last saw h[illegible] alive on 7/10 1943.

Immediate cause of death	Duration
Cardiac failure	2 wks
Due to Pneumonia of Acute c	
Due to Acute Insufficiency	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mattina M. D.
Address B Cat Date signed 7/10/43

G 06357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 06357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 N. Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 N Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Schenrick

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	- 6152	F	W	Wid

6 (b) Name of husband or wife Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1856

8. AGE: Years	Months	Days	If less than one day hr.	min.
87	2	8		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name George Lee
	13. Birthplace
MOTHER	14. Maiden Name Anna
	15. Birthplace

16 (a) Informant Carrie Blanchard
(b) Address 837 N. Chester Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Baltimore
18 (a) Funeral director Williamson Corp Inc.
(b) Address 1217 st Paul Street
19 (a) (Date rec'd by registrar) (b) Huntington White Registrar

JUL 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to July 14 1943 and that I last saw her alive on July 8 1943.

Immediate cause of death
Paralysis
Due to
Due to
Other Conditions Cerebral Hem 10 yrs ago.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd Fisher M. D.
Address 823 N. Broadway Date signed 7/15/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. G 06358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Luzerne Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HALTON N. PARSONS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	NINE Two	Male	White	Divorced

6 (b) Name of husband or wife Divorced
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1869

8. AGE: Years	Months	Days	If less than one day
73	8	6	hr. min.

9. Birthplace Binghampton, N.Y. (Town, county, and state)
10. Usual Occupation Bar tender
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frank Sndbrink
(b) Address 1509 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) JUL 16 1943 (Date rec'd by Registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 43, at 8:45A M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerotic Cardio-Vascular

Due to Onset

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malpeis M.D.
Medical Examiner.
Date signed 7-16-43

06359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06359

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Penna. ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Penna. ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Reed

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1943

8. AGE: Years | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Walter A. Pierce
13. Birthplace Md

MOTHER
14. Maiden Name Fannie Reed
15. Birthplace 1802 Penna ave

16 (a) Informant Fannie Reed
(b) Address 1802 Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Druidman St

19 (a) JUL 16 1943 (b) Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943, to July 14 1943, and that I last saw h alive on July 14 1943

Immediate cause of death: Bronchio Pneumonia — Duration 2 days
Due to Cold
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Pickett M. D.
Address 153 W. Lawn St Date signed 7/16/43

VS 3

G 06360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83D

G 06360 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 S Ponca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 S. Ponca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmanuel Makrinos

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Kyriaki
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 1871
8. AGE: Years: 72 Months: Days: If less than one day: hrs. min.
9. Birthplace: Rhodes, Turkey (Town, county, and state)
10. Usual Occupation: Steel Mill Worker
11. Industry or business

FATHER
12. Name: John Makrinos
13. Birthplace: Turkey

MOTHER
14. Maiden Name: Mary Vlavari
15. Birthplace: Turkey

16 (a) Informant: Frank Makrinos
(b) Address: 619 S. Ponca St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory: Wood Lawn
Location: Baltimore, Md
18 (a) Funeral director: Leonard J. Conaty
(b) Address: 21 W. 25th St.
19 (a) (Date received by Registrar) JUL 16 1943 (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943 at 9:00 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 10 1943 and that I last saw him alive on July 13 1943.

Immediate cause of death: Hemiplegia 1st — Duration:
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Geo. Grivas M. D.
Address: 101 N. Read St Date signed: 7-17-43

G 06361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 06361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3606 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

4-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Hatzis 372

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	1	23		

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nicholas
13. Birthplace Greece

MOTHER
14. Maiden Name Catherine Koscos
15. Birthplace Greece

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Bernard O Boyington
(b) Address 24 W. 25th Street

19 (a) JUL 16 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1933 to July 15 1943, and that I last saw him alive on July 15 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: 10 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Ante mortem

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Matt
Address B.C.H. Date signed 7/16/43 M. D.

G 06362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 06362 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Williams Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Waterbury (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Elizabeth Irving

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE-10-1866

8. AGE: Years 77 | Months 1 | Days 3 | If less than one day — hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Otto Pietsch
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Germany

16 (a) Informant Self
(b) Address Waterbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY-17-1943 (month) (day) (year)
(c) Cemetery or crematory LOUDON-PARK
Location Baltimore Md

18 (a) Funeral director F.B. WIPPERT & SON
(b) Address 1300 EUTAW-PLACE

19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 19 43 at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 19 43 to July 15 19 43 and that I last saw her alive on July 12 19 43

Immediate cause of death

Duration

General debility

Due to Pneumonia following

Fracture Neck of L

Due to 44 days duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 3, 1943 at M
(c) Where did injury occur? Waterbury Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? no
(e) Means of injury fall down stairs

23. Signature Alfred H. Carmine M. D.
Address St Agnes Hosp Date signed 7-15-43

VR JUL 16 1943

Inserting for Wife Brother

approved by Dr Harold J. McInnis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

G 06363 Registered No.

06363

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mack, Mr Charles (McDorman)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-6196

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Cath Mack

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 6th. 1881

8. AGE: Years 61 | Months 7 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Station Engineer

11. Industry or business

FATHER
12. Name Mr Henry Mack
13. Birthplace

MOTHER
14. Maiden Name Mary Sally
15. Birthplace Virginia

16 (a) Informant Mrs Cath Mack
(b) Address 1638 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto. Md.

18 (a) Funeral director Philip Hennig Sons
(b) Address 2024 Orleans Street

19 (a) JUL 16 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 10:03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1943 to July 16 1943 and that I last saw him alive on July 6th 1943.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Coronary Thrombosis — 6 days
Due to: Carcinoma of Stomach — ?
Due to: Carcinomatous Polyps
Due to: ureter

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-6-43, 7-13-43

Major findings of operation: Carcinoma of Stomach (Sunday 7-11-43 ureter necessary on 7-13-43)

Autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Cullen Jr M. D.
Address Church Home + Hosp Baltimore, Md. Date signed 7-15-43

VS 180

6364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. C 6364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N Fulton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis A Boarman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah E

6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1874

8. AGE: Years 68 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Helper & Police Patrol

11. Industry or business

FATHER 12. Name Thomas E Boarman

13. Birthplace Md

MOTHER 14. Maiden name Marion Burch

15. Birthplace Md

16 (a) Informant Mrs F C Boarman

(b) Address 216 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)

(c) Cemetery or crematory Dolphin St

Location Baltimore

18 (a) Funeral director Geo A Farley

(b) Address Fulton & Fayette

19 (a) JUL 16 1943 Huntington Williams M.D. (Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1943, at 2 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1943, to 7-15 1943, and that I last saw h i m alive on 7-14 1943.

Immediate cause of death: Carcinoma of liver — Duration: 7 Mos.

Due to:

Due to:

Other Conditions: Chronic myocarditis — Duration: 1 Yr.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Hunt Williams M.D.

Address 41 N. Fulton Date signed 7/16/43

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 160

JL - 83596 06365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Gardiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1871

8. AGE: Years	Months	Days	If less than one day
71	9	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Relief

11. Industry or business

FATHER
12. Name Peter Lavelle
13. Birthplace Md.

MOTHER
14. Maiden Name Emelie Lablex
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1943 (month) (day) (year)
(c) Cemetery or crematory at Pleasant Hill Cemetery Location Silver Spring Md

18 (a) Funeral director Geo. C. Barton
(b) Address Walkersville Md

JUL 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1943, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1943 to 7/15 1943, and that I last saw h[illegible] alive on 7/15 1943.

Immediate cause of death: Cardiac decompensation

Due to

Due to: Coronary disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mast M. D.
Address ACH Date signed 7/16/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edna Grace Hutton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1918

8. AGE: Years	Months	Days	If less than one day hr.	min.
24	9	22		

9. Birthplace Delta, Pennsylvania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Russell Hutton
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Ruth Mitchell
15. Birthplace Maryland

16 (a) Informant Russell Hutton
(b) Address Delta Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Wesley Cem
Location Delta Pa.

18 (a) Funeral director Hubert P Hankins
(b) Address Delta Pa

19 (a) (b) Registrar

JUL 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1943 to 7-16 1943, and that I last saw h[illegible] alive on 7-16-1943.

Immediate cause of death

Due to { Basilar Meningitis
Otitis Media Rt. Chronic

Due to { Acute Mastoiditis

Due to

Duration
Basilar ?
Otitis Media Rt. Chronic
Acute Mastoiditis

Other Conditions Empyema Rt. Secondary to Lobectomy
(Include pregnancy within 3 months of death)

Date of operation June 24 1943

Major findings of operation: Bronchostasis Rt. mid + low lobe

of autopsy: Empyema Rt, Basilar Men[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hashitt Jr. M. D.
Address Union Memorial Hosp. Date signed 7-16-43

G 06367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

G 06367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hours
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 O'Donnell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Grzechowiak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1943

8. AGE: Years	Months	Days	If less than one day
			13 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Grzechowiak
13. Birthplace Maryland

MOTHER
14. Maiden Name Marie Clark
15. Birthplace Maryland

16 (a) Informant ~~Administrative History~~
(b) Address Church Home Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) JUL 16 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1943 at 9:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 15 1943 and that I last saw him alive on July 15 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Atelectasis	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. P. Ritchings M. D.
Address Church Home Hospital Date signed 7/15/43

VS 150

G 06368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 06368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2742 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2742 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip A. Kirman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-9819

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Elizabeth V. Kirman
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Dec 12, 1890
8. AGE: Years 52 | Months 7 | Days 3 | If less than one day: hr. min.
9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Appraiser
11. Industry or business Auto Exc.

FATHER
12. Name John Kirman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Eaton
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Elizabeth V. Kirman
(b) Address 2742 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John Cowan Son
(b) Address 991 Hollins Street

19 (a) Filed (b) Registrar
(Date received by registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10th 1943 to July 15th 1943, and that I last saw h[illegible] alive on July 15th 1943.

Immediate cause of death: Coronary occlusion — Duration: 12 hrs
Due to: Arteriosclerosis — 14 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott M. D.
Address 1136 Poplar Grove St Date signed 7/15/43

VS 1

G 06369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G 06369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Md. Gen Hosp.
(d) Length of stay in hospital or inst. (~~mos.~~, or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 Griffis Av.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lewis Suthard

3 (b) If veteran, name war --

3 (c) Social Security Account No. 214 - 01 - 4748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Minnie J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1878

8. AGE: Years	Months	Days	If less than one day
65	1	16	hr. min.

9. Birthplace N. J. (Williamstown)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lewis Suthard
13. Birthplace N. J.

MOTHER
14. Maiden Name Mary Ella ?
15. Birthplace --

16 (a) Informant Mrs. Minnie J. Suthard
(b) Address 1930 Griffis Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 16 1943 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 14 1943, and that I last saw h[illegible] alive on July 14 1943.

Immediate cause of death Metastatic Carcinoma of Lungs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams
Address Md. Gen. Hosp. Date signed July 14 1943
Baltimore

VS 180

Enter age if especially important. Physicians: please write the causes of death clearly and legibly.

G 06370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G 06370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution:
St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 Cherrydell Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Herman Reigle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	married

6 (b) Name of husband or wife Florence A. Reigle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1891

8. AGE: Years	Months	Days	If less than one day
52	1	24	hr. min.

9. Birthplace Shippensburg, Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Westinghouse Elec. Co.

FATHER
12. Name John L. Reigle
13. Birthplace Pa.

MOTHER
14. Maiden Name Sallie Harmon
15. Birthplace Pa.

16 (a) Informant Mrs. Florence A. Reigle
(b) Address 138 Cherrydell Rd., Catonsville

17 (a) Burial (b) Date thereof 7/19/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 16 '43

19 (a) (b)
(Date rec'd by registrar) Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1943, at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 7/14-/13 19 ; and that I last saw he M alive on 7/16/43 19

Immediate cause of death Pulmonary tbc

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J. Bryson M.D.
Address St Agnes Hosp Date signed 7/16/43

VS 180

MARYLAND STATE DEPARTMENT OF HEALTH

3611 N. Charles St., Baltimore

06371 V G 06371

CERTIFICATE OF DEATH 48 W

Reg. Dist. No. _____

PLACE OF DEATH:

City of Baltimore

Town Baltimore, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Name of hospital, institution, or street address where death occurred:
2204- Granby Road

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Dist. of Col. County Washington, D.C.

City or town Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1526- 17th Street, N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war _____

1. FULL NAME Miss Stella W. Garbee

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

Name of husband or wife _____

6.(c) If alive, give age _____ years

Date of death (mo., day, yr.) 7/29/1896

AGE: Years	Months	Days	If less than one day: hrs.	min.
56	11	17		

7. Birthplace Campbell County, Virginia
(Town, county, and state)

8. Usual occupation Government Employee

9. Industry or business Veterans Administration

10. Name Henry H. Garbee, Sr.

11. Birthplace Campbell County, Va.

12. Maiden name Mary Ella Smith

13. Birthplace Campbell County, Va.

14. Informant Mr. Edmund H. Garbee

15. Address 2204- Granby Road

16. Removal Date thereof 7/16/43
(Burial, cremation, or removal. Which?) (month) (day) (year)

17. Cemetery or crematory _____

18. Place Washington, D.C.

19. Funeral director Wm. J. Reintzel Sons
Wash. & Va.

20. Filed JUL 16 1943 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1943 to July 15 1943 and that I last saw h alive on July 15 1943

Immediate cause of death Carcinoma of the Cervix — Duration 13 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Warren B. Allen
M. D. or other

Address 24 E. Eager St. Date signed 7/16/43

G 06372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06372 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 9
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 - N. Carolina St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Max Kamberger

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-01-040

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Catherine E. Dietor

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 8/23/1876

8. AGE: Years 66 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Goetz Packing Co.

FATHER
12. Name George Kamberger
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Catherine E. Kamberger
(b) Address 1840 - N. Carolina St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Roth Inc
(b) Address 735 Harford Ave

19 (a) (Date received by Registrar) JUL 16 1943 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 5:29 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1943 to 7-14 1943, and that I last saw him alive on 7-14 1943

Immediate cause of death Cardiac failure — Duration 10 hrs

Due to Hepatic Cirrhosis — Duration 2 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 1, 1943

Major findings of operation: Ventral & inguinal hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore L. Thayer M. D.
Address S. Balto Gen Hosp. Date signed 7/14/43

Age at last birthday in completed years is especially important. Physicians: please write the cause of death clearly and legibly.

G 06373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

G 06373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625-N. Carcline St
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625-N. Caroline St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Mathew McGuire

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	Male	White	Widowed

6 (b) Name of husband or wife Mary A. (Mangan)
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) 8/4/1866

8. AGE: Years	Months	Days	If less than one day
76	11	10	- hr. - min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation Retired -Guard
11. Industry or business Balto. City Jail.

FATHER
12. Name Patrick McGuire
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Fewer
15. Birthplace Ireland.

16 (a) Informant William P. McGuire
(b) Address 1625-N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) JUL 16 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1943, at 10.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943, to July 14 1943, and that I last saw him alive on July 14 1943.

Immediate cause of death: Carcinoma of Stomach and Intestines — Duration: 2 mos

Due to

Due to

Other Conditions Cardiac Decompensation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. L. Hayden M. D.
Address 3114 Harford Rd Date signed 7/15/43

Huntington Williams, Mgr.

G 06374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 D

G 06374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106-N. Central Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) -- 10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106-N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Dobe

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife --

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug 9 1870

8. AGE: Years 72 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Painter -

11. Industry or business Own Business

FATHER
12. Name Christopher Dobe
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (Rohe)
15. Birthplace Maryland.

16 (a) Informant Frank Dobe
(b) Address Fort Meade-Hospital Station

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/17/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1755-Harford Ave. Huntington-

19 (a) [illegible] (Filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 15 1943 and that I last saw h/ alive on July 14 1943

Immediate cause of death
Terminal Pneumonia
Hypostatic Congestion of Lungs
Due to
Carcinoma of Pancreas
Due to
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 3001 Shannon Drive **Date signed** July 16-43

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G 06375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

G 06375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 N. Calvert St. (Is place inside city limits?)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Brookenborough Fox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 43

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name John B Fox
13. Birthplace ?

MOTHER
14. Maiden Name Naomi Boone
15. Birthplace Baltimore Md.

16 (a) Informant John B Fox
(b) Address 2442 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 43 (month) (day) (year)
(c) Cemetery or crematory Wrenghs chapel
Location Long Green Md

18 (a) Funeral director William Cook Jr
(b) Address 1217 St Paul St

19 (a) JUL 16 1943 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12th 1943, to July 15th 1943, and that I last saw him alive on July 15th 1943.

Immediate cause of death Cardio-respiratory failure — Duration 10 min

Due to aspiration of vomitus

Due to

Other Conditions Premature Infant Diarrhea
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. S. Mustard, Jr. M. D.
Address Union Mem. Hosp. Date signed 5-19-43

Correct age is especially important. Physicians: please write the words in capital letters and fill every space.

06376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

06376 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 N. Charles st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Foley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 - 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	2	28		

9. Birthplace New York N.Y.
(Town, county, and state)

10. Usual Occupation Retired Clerk
11. Industry or business City of Balto

FATHER
12. Name (Unknown) Foley
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Josephine M. Young
(b) Address 1018 N. Charles St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof July 17-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave & Bentalou

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) JUL 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943 11:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14th, 1943 19 , and that I last saw h alive on July 15th 1943

Immediate cause of death Adenocarcinoma of sigmoid colon — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation May 1943
Major findings of operation: Cancer of sigmoid
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Wollenweber M.D.
M. D.
Address 3301 N. Charles St Date signed 7-16-43

G 06377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BALTIMORE, MARYLAND
(c) Hospital or institution: SOUTH BALTIMORE GENERAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sharpe Street 760 Ramsay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISAAC HICKS

3 (b) If veteran, name war None.

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16-1881

8. AGE: Years 62 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Construction Worker

11. Industry or business Kane Restaurant

FATHER
12. Name Charles J Hicks
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jane ?
15. Birthplace Maryland

16 (a) Informant Mrs Madeline Burrier
(b) Address 760 Ramsey Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Hope
Location Annapolis Road

18 (a) Funeral director Freeman Funeral Home
(b) Address 1217 St. Paul Street

19 (a) JUL 16 1943 (Date rec'd by registrar) (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 15, 1943, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H Z Wallenmeyer M.D.
Medical Examiner.
Date signed 7-16-43

VR 151

G 06378

JL - 83584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 06378

Registered No. 462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Daily or Alfred Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1881

8. AGE: Years	Months	Days	If less than one day
62	1	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (month) (day) (year)
(c) Cemetery or crematory Lincoln
Location Sunset, Md.

18 (a) Funeral director W. Ernest Jarvis
(b) Address 1432 Gorsuch Ave. W. Balto. Md.

19 (a) Date received by registrar JUL 16 1943 (b) Registrar Harding for Williams

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1943 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1943 to 7/14 1943, and that I last saw h/his alive on 7/14 1943.

Immediate cause of death Prob. massive
L-F hemorrhage
Due to Prob. Ca of stomach ?
Due to or sepsis ?
Other Conditions

Duration 12 hrs ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergeran M.D.
Address Balto. City Hosp. Date signed 7/15

Dr Woody 1403 Park Ave Mod 6958 ✓

G 06379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 G 06379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenway Apts #310
(c) Hospital or institution: 34th & Charles sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenway Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Florence Dow

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband or wife John Wall Dow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 16th 1854

8. AGE: Years 89 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace New York N.Y. (Town, county, and state)

10. Usual Occupation Home
11. Industry or business

FATHER 12. Name James Bruce
13. Birthplace New York

MOTHER 14. Maiden Name Jane Eliza Terry
15. Birthplace New York

16 (a) Informant Frank Schumann
(b) Address 116 N Howard St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)

(c) Cemetery or crematory Greenwood
Location Baltimore Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) 7/16/1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to July 15 1943 and that I last saw her alive on 7/13 1943

Immediate cause of death Myocarditis Arterio Sclerosis — Duration Indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Woody
Address 1403 Park Ave Date signed 7/16/43

Corrected age is especially important. Physician, please write the cause of death clearly and legibly.

G 06380

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 61

G 06380
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4022 Philadelphia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 xxxxx
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Philadelphia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELLEN R. MAGSAMEN

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Robert E. Magsamen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1862

8. AGE: Years	Months	Days	If less than one day
80	9	25	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Shaffer
13. Birthplace Pa.

MOTHER
14. Maiden Name Ellen Casey
15. Birthplace Unknown

16 (a) Informant Mrs. Laura Rosenberger
(b) Address 4022 Phila. Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Camp Chapel Cem.
Location Balto. Co., Md.

18 (a) Funeral director Loveable Funeral Home
(b) Address 7401 Belair Road

19 (a) JUL 16 1943 (b) Registrar Hunter to Nicholas, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1943, to July 15 1943, and that I last saw h alive on July 15 1943.

Immediate cause of death — Duration
Apoplexy Coma — 2 days
Due to Diabetes Mellitus — 4 yrs.
Due to Senile Bronchitis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Meyer M.D.
Address 1500 E 33 Date signed 7/16/43

VS 8

G 06381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Roland Ave.
(c) Hospital or institution: Kirkleigh Villa 27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Ave. & Univ. Pkwy. (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Elizabeth Sherk Brown

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband Frank E. Brown
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years: About 82 | Months: --- | Days: --- | If less than one day: --- hr. --- min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----------

FATHER
12. Name Dr. Henry Sherk
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Not obtainable
15. Birthplace " "

16 (a) Informant Mrs. Ferdinand Latrobe
(b) Address 3921 Cantebury Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director H. W. Meese and Son
(b) Address 805 N. Calvert St.

JUL 16 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1943, to July 16 1943, and that I last saw her alive on July 14 1943.

Immediate cause of death: Cardiac Failure — Duration: 3 mos
Due to: arteriosclerotic Heart Disease — Duration: ?
Due to: ----------
Other Conditions: Pulmonary Oedema — Duration: 1 week
(Include pregnancy within 3 months of death)
Date of operation: ----------
Major findings of operations: ----------
of autopsy: ----------

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----------
(b) Date of occurrence ---------- at ---------- M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ----------

23. Signature William E. Pearce M. D.
Address 2105 N. Charles St. Date signed 7/16/43

VS 150

Please sign is especially important. Physicians; please write the causes of death clearly and legibly.

G 06382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 81a

G 06382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wolfe
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3 St. Marys Seminary (If outside city or town limits, write RURAL and give town)
(d) Street No. Roland Park (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis B. Kraus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife — — — —
6 (c) If alive, give age — — years

7. Birth date of deceased (mo., day, yr.) June 2, 1921

8. AGE: Years	Months	Days	If less than one day
22	1	13	— hr. — min.

9. Birthplace Philadelphia, Penn. (Town, county, and state)
10. Usual Occupation Roman Catholic Seminarian
11. Industry or business —

FATHER 12. Name	Frank B. Kraus
FATHER 13. Birthplace	Pennsylvania
MOTHER 14. Maiden Name	Irene Bricker
MOTHER 15. Birthplace	Pennsylvania

16 (a) Informant Frank B. Kraus
(b) Address 1402 Cedric Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
18 (a) Funeral director H. W. Meyer & Son
(b) Address 805 N. Calvert St.
19 (a) 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/ 1943 at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1943 to 7/15 1943, and that I last saw him alive on 7/15 1943.

Immediate cause of death	Duration
Thrombosis for Meningitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Clifton Woolen
Address St. Agnes Hosp. Date signed 7/15/43 M. D.

VS 150

06383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06383
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Ursery

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. Mar. 1, 1890

8. AGE: Years 53 | Months 4 | Days 9 | If less than one day: hr. min.

9. Birthplace Nashville, Tenn. (Town, county, and state)

10. Usual Occupation Dishwasher

11. Industry or business

FATHER 12. Name John Ursery

13. Birthplace Nyshnepe, Tenn

MOTHER 14. Maiden Name Harriett Goodrich

15. Birthplace Chester, Ga.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

18 (a) Funeral director

(b) Address

19 (a) Filed (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 43 at 5:31 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 19 43 to July 10 19 43, and that I last saw deceased alive on July 10 19 43.

Immediate cause of death: Generalized Arteriosclerosis

Due to

Due to

Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: No

Duration

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature L. J. Banyiere, M.D.
Address Provident Hospital Date signed 7-13-43

UNIVERSITY MEDICAL SCHOOL JUL 16 1943

Commissioner of Health

JUL 17 1943

Huntington Williams, M.D. Registrar

VS 3

0247

G 06384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 8/10

G 06384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3. (a) FULL NAME Mary E. Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Appx 65 yrs

8. AGE: Years	Months	Days	If less than one day
65.	approx		hr. min

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name John Green
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Edith Lenf
(b) Address Pasadena, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) (Signature and title of local registrar) (b) Huntington Williams M.D.

JUL 17 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943 at 11:55 PM

21. I certify that death occurred on the date above stated, that I attended deceased from July 1st 1943 to 7/15 1943 and that I last saw her alive on 7/13 1943

Immediate cause of death
Pneumococcus Meningitis

Duration 2 days

Due to

Due to

Other Conditions
Unresolved Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Meningitis - sanguineous about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Cohen M. D.
Address University Hosp Date signed 7/16/43

Physicians: please write the causes of death clearly and legibly. The accuracy of every item of information should be carefully supplied. The name of the cemetery is especially important.

G 06385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47F

G 06385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 27-17
(d) Length of stay in hospital or inst. yrs., mos., or days 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4925 Palmer Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Grover C. Long

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Mrs. Grover C. Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1890

8. AGE: Years	Months	Days	If less than one day
53	0	7	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Jonah Long
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alice Hunnicutt
15. Birthplace North Carolina

16 (a) Informant Mrs B. B. Salmon
(b) Address 2523 Richmond Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (month) (day) (year)
(c) Cemetery or crematory Lasker Chapel
Location Stanfield N. C.

18 (a) Funeral director William Cook Inc
(b) Address 127 W. Saint Paul St.

19 (a) JUL 17 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943, to July 16 1943 and that I last saw him alive on July 15 1943.

Immediate cause of death Cancer - respiratory failure — Duration 8 months
Due to Cachexia
Due to Malignancy (?)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: mediastinal malignancy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Musgrave Jr. M. D.
Address 332 E. University Pkwy. Date signed 7/16/43

VS 150

G 06386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 06386 Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 4
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Parkwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Zieler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frederick S. Zieler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) Oct 25th 1861
8. AGE: Years 81 | Months 8 | Days 21 | If less than one day: hr. min
9. Birthplace Cumberland Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Pa

MOTHER
14. Maiden Name ? Cuglerlein
15. Birthplace Germany

16 (a) Informant Mrs Caroline S. Wilson
(b) Address 2818 Parkwood Ave
17 (a) Removal (Burial, cremation, removal) (b) Date thereof 7/18/43 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Cumberland Md
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
19 (a) (Date rec'd by registrar) JUL 17 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1943 at 2.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1943 July 16 1943 and that I last saw h alive on July 16 1943.

Immediate cause of death: Cardiac decompensation — Duration: 2 days
Due to: Hypertensive cardiovascular disease — 2 years
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Huntington Williams M. D.
Address 6 E Biddle St Date signed 7/16/43

G 06387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

G 06387
Registered No.

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4511 Schenley Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Schenley Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Harward

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 2 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	10	2		

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George Harward
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Elizabeth McFadden
15. Birthplace Harford Co. Md.

16 (a) Informant Fannie Harward
(b) Address 4511 Schenley Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUL 17 1943 (b) Huntington Wilson Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1943 to July 16 1943 and that I last saw h— alive on July 16 1943.

Immediate cause of death: Coronary Occlusion — Duration a few min.
Due to Arterio Sclerotic Heart Disease — Duration 2 years
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Gibson Porter
Address 4822 Roland Ave Date signed 7/16/43

G 06388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 163H

G 06388 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 N. Payson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer Martz

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Nina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1884

8. AGE: Years 58 ~~59~~ | Months 11 | Days 21 | If less than one day: hr. min

9. Birthplace: Boonsboro, Wash., Co., Md. (Town, county, and state)

10. Usual Occupation: Warehouse Foreman

11. Industry or business: B. & O. R. R.

FATHER
12. Name: Elias Martz
13. Birthplace: Boonsboro, Md.

MOTHER
14. Maiden Name: Amanda Palmer
15. Birthplace: Frederick, Md.

16 (a) Informant: Mrs Pearl Moats
(b) Address: Hagerstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md.

18 (a) Funeral director A. K. Coffman
(b) Address Hagerstown Md.

JUL 17 1943 (Date received by Registrar) Howard J. Williams M.D. Registrar

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14- 1943, at 4:35 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Asphyxiation

Due to: Illuminating Gas

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-14-43 at P. M.
(b) Where did injury occur? 1927 N. Payson Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury: Inhalation Gas range

23. Signature: Howard J. Williams M.D. Medical Examiner.
Date signed 7-15-43

(over)

G 06389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 06389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 E. 20th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DAN GAINES

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Boon
6 (c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): Feb. 22, 1899
8. AGE: Years: 44 Months: 4 Days: 21 If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Baltimore City

FATHER
12. Name: Robert Gaines
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Linda ?
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records, U.S.Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cemetery
Location: Baltimore Md.
18 (a) Funeral director: Charles S. Cooper
(b) Address: 514 N. Calhoun St.
19 (a) Filed JUL 17 1943 Registrar: Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13, 1943 at 12:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1943 to July 13, 1943 and that I last saw him alive on July 13, 1943.
Immediate cause of death: Left lower lobar pneumonia
Due to: Recent right upper lobectomy
Due to:
Other Conditions: Right empyema, acute
(Include pregnancy within 3 months of death)
Date of operation: 7/9/43-Lobectomy, right upper.
Major findings of operation: Lung abscess, right upper lobe
of autopsy: As above

Duration: 3-4 days
Note: Under doctor's care 3 yrs. prior to admission.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -- No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: W. S. Bl...
Address: Baltimore, Md. Date signed: 7/14/43 M.D.

Va-13193

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 06390

124a Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Pocomoke City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Noon (Charles Mason)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Blanche Mason

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dont Know

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Live Stock dealer

11. Industry or business

FATHER 12. Name Dont Know
13. Birthplace Md

MOTHER 14. Maiden Name Dont Know
15. Birthplace Md

16 (a) Informant Blanche Mason
(b) Address Pocomoke City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-1943 (month) (day) (year)
(c) Cemetery or crematory Salem M.E. Cemetery
Location Pocomoke City Md.

18 (a) Funeral director Margarette M. Dawson
(b) Address Pocomoke City Md.

19 (a) JUL 17 1943 (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1943 to 7/15 1943.
and that I last saw him alive on 7/13 1943.

Immediate cause of death Uremia

Due to Bilateral ureteral dilation

Due to

Other Conditions Bilateral pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Bilateral pyelonephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Merrill M.D.
Address Sinai Hosp Date signed 7/16

G 06391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 06391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5716 York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5716 York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK D. UTLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced Singles

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 - 187-

8. AGE: Years 71 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John R. Utley

FATHER 13. Birthplace Conn.

MOTHER 14. Maiden Name Sarah Allison

MOTHER 15. Birthplace Pa.

16 (a) Informant Miss Elsie T. Utley

(b) Address 5716 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director John A. Metcalf

(b) Address 1400 Eastern Ave. Balto. Md.

19 (a) JUN 17 1943 Huntington Md. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 12:35 PM

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature T. J. Wallenmeier M.D. Medical Examiner.

Date signed 7-16-43

VS 151

G 06392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 B Registered No. G 06392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 Tiffany St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Tiffany St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Estelle O Finke

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Albert H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1895

8. AGE: Years 47 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gustave Caution
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Blanche Johnson
15. Birthplace Baltimore, Md.

16 (a) Informant Albert H. Finke
(b) Address 1025 Tiffany St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pks
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Rev. H. Holland
(b) Address 1420 Druid Hill Ave.

19 (a) JUL 17 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1943 to 7/15 1943 and that I last saw her alive on 7/14 1943.

Immediate cause of death — Duration

Lobar Pneumonia

Due to

Due to

Other Conditions Carcinoma of bowel 2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burkett M. D.

Address 2134 Druid Hill Ave Date signed 7/15

VS 3

G 06393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06393 Registered No.

15705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs. 3 mo. 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 794 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James H. Dobson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1867

8. AGE: Years 75 yrs. Months 10 Days 29 If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James H. Dobson
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz. Gustave
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Location Balto. Md.

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1631 Druid Hill Ave. Huntington Williams, Mgr.

19 (a) JUL 17 1943 (Date received by Registrar) Registrar.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14/43 19 at 12:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/14 1943. and that I last saw him alive on 7/14 1943.

Immediate cause of death Contusion - crushing accident
Term. Hemorrhage Pneumonia
Due to Hypertensive A.S.
C.V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No post

Duration: 1 min. 2 d. ? ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Jergnan M.D.
Address Balto. City Hosp. Date signed 7/14

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194a G 06394

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Fait Ave St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anton Joseph Hetmanski

If U. S. Veteran specify WAR

(a) Residence: No. 2404 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced (or) WIFE of Rosalie Hetmanski

6. DATE OF BIRTH (month, day, year) April 23-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Board.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Jacob Hetmanski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Benchich

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Rosalie Hetmanski.

(Address) 2404 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date July 21st, 1943

19. UNDERTAKER George A. Weber

(Address) 700 So. Conkling St.

20. FILED JUL 17 1943, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 43

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Enquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. McNulty M. D. Coroner

(Address) 700 Fleet St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 8 6

G 06395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 b Registration No. G 06395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 N. Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 N. Bruce St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Cole

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife George Cole
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1882
8. AGE: Years 61 | Months | Days | If less than one day hr. min.
9. Birthplace King George Co. Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Gatewood
13. Birthplace King George Co Va

MOTHER
14. Maiden Name Adams
15. Birthplace King George - Va

16 (a) Informant Albert Washington
(b) Address 214 Federal St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md
18 (a) Funeral director Chas Hall Covington
(b) Address 927 N. Monroe St
JUL 17 1943 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1943, at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1943, to July 11 1943, and that I last saw her alive on July 9 1943.

Immediate cause of death: Nephritis — Duration 2 yrs
Due to
Due to
Other Conditions: Abdominal Hernia (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Shepherd M. D.
Address 1631 W Franklin St Date signed 7/12/43

VS 1

G 06396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

G 06396 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3612 Mary Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3612 Mary Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Krach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Theresa Krach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1879

8. AGE: Years	Months	Days	If less than one day
64	2	7	hr. min.

9. Birthplace Hungary (town, county and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wilhelm Krach

13. Birthplace Hungary

MOTHER 14. Maiden Name Barbara

15. Birthplace Hungary

16 (a) Informant Theresa Krach

(b) Address 3612 Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto. Co.

18 (a) Funeral director Leonard L. Ruch

(b) Address 3305 Harford Rd.

19 JUL 17 1943 Huntington Williams, Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/23/1941 to 7/16/1943 and that I last saw him alive on 7/16/1943

Immediate cause of death: Arterio sclerotic cardio vascular disease — Duration: 1 yr. 9 mos.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Deitrick

Address 1226 Hanover St Date signed 7/17/43

VS 3

G 06397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. G 06397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years 65 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus memorial
Location Arbutus Md

18 (a) Funeral director George T. A. Gibson Sr.
(b) Address 1735 Edmondson Ave Baltimore, Md

19 JUL 18 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1943, at 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1943 to 7-15 1943, and that I last saw him alive on 7-15 1943

Immediate cause of death: Intestinal Obstruction — Duration: days

Due to: Adhesions + Strangulated Hernia — Duration: ? ,

Due to — Duration:

Other Conditions

(Include pregnancy within three months of death)
Date of operation 7-13-43
Major findings of operations: Same
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb
Address Balto City Hosp Date signed 7-15-43

VS 186

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06398 HEALTH DEPARTMENT—CITY OF BALTIMORE G 06398

CERTIFICATE OF DEATH. 83a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1325 W. Saratoga ST., 16 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Howard

(a) RESIDENCE No 1325 W. Saratoga ST., 16 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE Negro | 5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8, 17

7 AGE Years 36 Months Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Mary Jones

(Address) 1325 W. Saratoga St.

JUL 18 1943 19 Funeral Director Katie R. Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1943

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1943, to July 15, 1943, that I last saw her alive on July 11, 1943, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

test confirmed diagnosis?

(Signed) W. J. Layfort M. D.

7/16 1943 Address 1522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn | DATE OF BURIAL July 17, 1943

20 UNDERTAKER Mrs Katie R. Williams | ADDRESS 332 N Edmondson Ave

Form—1-15-29—M67—500 Blks.

Note—Very important. See instructions on back of certificates. Exact statement of occupation may be property classified.

G 06399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 161a

Registered No. G 06399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Robert Gilbert McQuade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9th 1943

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert McQuaid
13. Birthplace New Hampshire N Hpsh.

MOTHER
14. Maiden Name Sarah Card.
15. Birthplace Faulkner, Md.

16 (a) Informant Mr Robert McQuaid
(b) Address Elkridge, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1943 (month) (day) (year)
(c) Cemetery or crematory St Augustine Cem
Location Elkridge Md.

18 (a) Funeral director John J. Lagowan & Son
(b) Address 921 Hollins St.

19 (a) Date Received July 13 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1943, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1943 to 7-17 1943, and that I last saw him alive on 7-17 1943

Immediate cause of death Massive atelectasis of Lung — Duration 3 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward F. J. Krieg, M.D.
Address Bon Secours Hosp Date signed July 13 1943

VS 8

G 06400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 06400

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st Sts.,

(c) Hospital or institution:

US Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2001 Cedlay Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ROBERT THEODORE RAEKE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	DIVORCED

6 (b) Name of husband or wife MARGARET RICHARD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Theodore Raeke

13. Birthplace Germany

MOTHER

14. Maiden Name Francis Sparinburg

15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (month) (day) (year)

(c) Cemetery or crematory Bath National

Location Frederick Road

18 (a) Funeral director A. Lee Adey

(b) Address 644 York Road

19 JUL 18 1943 Huntington Williams, M.D.

(Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1943, 5:40a.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1943 to July 17 1943 and that I last saw him alive on July 17, 1943.

	Duration
Immediate cause of death: Rt. Lower lobar pneumonia	Terminal
Due to Combined nephrosclerosis and subacute glomerular nephritis	2 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Austin, M.D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 7/17/43

G 06401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

G 06401

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town) 10
(d) Street No. 621 Glenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Mullins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 229-09-2069

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Helen M. Mullins

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr) 4/10/1910

8. AGE: Years 33 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Yukon, W. Va
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Beth-Fairfield Co.

FATHER
12. Name Rep. W. Mullins
13. Birthplace Virginia

MOTHER
14. Maiden Name Rachael Cook
15. Birthplace Page, Va.

16 (a) Informant J. A. Mullins
(b) Address 11 W. Mt. Vernon Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43 (month) (day) (year)

(c) Cemetery or crematory Greendey
Location Greendey, Va

18 (a) Funeral director A. Lee Adkins
(b) Address 4644 York Road

(Date received by Registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1943, at 8 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions Multiple abrasions & bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-11-43 at 11:40 A M 7/10
(b) Where did injury occur? York Rd. Glenwood Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 7-17-43

G 06402

BALTIMORE CITY HEALTH DEPARTMENT

MJ-82619

CERTIFICATE OF DEATH 93D

Registered No. G 06402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 171
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie Davis [illegible] Cherry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband [illegible] DAVIES

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 40 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace Pennsylvania Meakesport Pa (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Lee Wallace
13. Birthplace Hurts Va

MOTHER
14. Maiden Name Dillon Barnes
15. Birthplace Hurts Va

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS) [illegible]

17 (a) Mt Calvery (Burial, cremation, or removal) (b) Date thereof 7 (month) 19 (day) 43 (year)

(c) Cemetery Mt Calvery Brooklyn MD

18 (a) Funeral director Charles H Alexander.
(b) Address 1200 McCulloh St

19 7 19 43 (Date received by registrar) Huntington Williams, M.D.

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1943, at 4:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1943 to 7/16 1943, and that I last saw him alive on 7/16 1943

Immediate cause of death: Cerebral - vascular accident — Duration: 30 hr.

Due to: Hypertensive C-V disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seigman M.D.

Address Balto. City Hosp. Date signed 7/16/43

INSTRUCTIONS: Every item of information should be carefully supplied. Use INK. Physicians: please write the causes of death clearly and legibly. Space is especially important.

G 06403 G 06403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 No Port St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 39 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and name town)
(d) Street No. 1 No Port St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If so, name country

3 (a) FULL NAME Joseph Abarbanel

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1889

8. AGE: Years 53 | Months 10 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Morton Abarbanel
13. Birthplace Russia

MOTHER
14. Maiden Name Chia
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Jermany Hill Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) Date received JUL 18 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to July 16 1943, and that I last saw h[illegible] alive on July 16 1943.

Immediate cause of death Coronary sclerosis, Arteria sclerosis Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kadis M. D.
Address 2306 Eutaw St Date signed 7-16-43

VS 180

approved by Howard J. Mackeis, M.D.

Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓G 06404

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 PK HTS AVE
(c) Hospital or institution:
MT SINAI - NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RACHEL. ZIMMERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Not Known

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
over 60			hr. min.

9. Birthplace Russia.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia.

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia.

16 (a) Informant Mt. Sinai Home
(b) Address 4613 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Seamans Hill Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14/ 1943, at 5: P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943. to July 14 1943. and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	few years
Due to	
Due to Cerebral Hemorrhage	1 day.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex Weinstock, M.D.
Address 4603 PK Hts Ave Date signed 7/15/43

VS 8

437595 G 06405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06405 Registered No. 74a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Ventnor Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Weatherly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-39

8. AGE: Years	Months	Days	If less than one day
4	1	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Weatherly
13. Birthplace N C

MOTHER
14. Maiden Name Irene Filliaux
15. Birthplace MD.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) B (Burial, cremation, or removal) (b) Date thereof 7-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director J. Jos. McCarney
(b) Address B. E. Fair & Son

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943 at 1007 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1943 to July 15 1943 and that I last saw h[illegible] alive on July 15 1943.

Immediate cause of death: Acute Leukemia — Duration 2 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Demetrius D. Zilversmit M. D.
Address Johns Hopkins Hospital Date signed 7-16-43

[redacted] G 06406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

[redacted] Registered No. G 06406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Washburn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Washburn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max B. Mueller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Emma M. Hamel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 5 1858

8. AGE: Years	Months	Days	If less than one day
85	3	11	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Prop. of Concrete
11. Industry or business Business

FATHER
12. Name —
13. Birthplace Ger.

MOTHER
14. Maiden Name —
15. Birthplace Ger.

16 (a) Informant Family
(b) Address 304 Washburn Ave.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director Jas L. McCall
(b) Address [redacted]

19 (a) [redacted] (b) —

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 3A M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 16 1943 to July 16 1943 and that I last saw h[illegible] alive on July 16 1943

Immediate cause of death: Senile Hypostatic Due to Arterio Sclerosis — Duration: 2 mos; 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Kaufman
Address [redacted] M. D. Date signed 7/19/43

Please answer age is especially important. Physicians: please write the cause of death clearly and legibly.

18-1943
VS 150

G 06407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

G 06407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 E Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 E Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Jacobs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Carpenter

FATHER
12. Name David Jacobs
13. Birthplace Russia

MOTHER
14. Maiden Name Libby ?
15. Birthplace Russia

16 (a) Informant Benjamin Jacobs
(b) Address 2211 E Lombard St

17 (a) Burial (b) Date thereof July 18, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Adas Israel Cemetery
Location German Hill & North Point Rds

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Deputy) (City Registrar) (b) Huntington Williams, M.D. Registrar

Date Issued JUL 18 1943

MEDICAL CERTIFICATION 3.30

20. DATE OF DEATH July 17, 1943, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 17 1943, and that I last saw him alive on July 17 1943.

Immediate cause of death
Pulmonary Oedema
Hypostatic Pneumonia — Duration 2 days 3 days

Due to
Myocardial degeneration — Duration Unknown

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature A. P. Ries M. D.
Address 24 S. Broadway Date signed July 18/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06408

436926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 06408 Registered No. 516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore, (yrs., mos., or days) 20 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince-Geo.
(c) City or town UPPER MARLBORO (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Frank~~ Francis Flanagan

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-76

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	9	5		

9. Birthplace IRELAND (Town, county and state)
10. Usual Occupation Handy-Man
11. Industry or business

FATHER
12. Name John Flanagan
13. Birthplace IRELAND

MOTHER
14. Maiden Name Anna Finglas
15. Birthplace IRELAND

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/43 (month) (day) (year)
(c) Cemetery or crematory St. Vincent
Location Clifton Park

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. Wolfe st.

(a) JUL 18 1943 (Date received by registrar) (b) Washington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1943 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25th 1943 to July 15th 1943 and that I last saw h[illegible] alive on July 15 1943

Immediate cause of death: Pulmonary Embolism — Duration: 2
Due to: Thrombophlebitis of Leg — 4
Due to:
Other Conditions: Carcinoma of Prostate. Calculus in Bladder
(Include pregnancy within 3 months of death)
Date of operation June 27, 1943
Major findings of operation: Carcinoma of Prostate, Calculus in Bladder — total urethra
of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H Storey M.D.
Address J. A H. Date signed 7/16/43

Cover 7/16/43

M. D. P. 1283-0

Sawyer

G 06409

G 06409 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Washington Blvd St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Ernest Sawyer

(a) Residence: No. 2223 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 12 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward B Sawyer

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Evelyn Cranford

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Edw B Sawyer

(Address) 2223 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Lawson Ch Date 7/19 19 43

19. UNDERTAKER Edward Lawson

(Address) 2329 West Pratt

JUL 18 1943 19

Registrar

Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1943

22. I HEREBY CERTIFY, That I attended deceased from July 12 1943 to July 17 1943

I last saw deceased alive on July 17 1943 Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton Susman M. D.

(Address) 1629 W Fayette St

NOTICE—This information is very important. See instructions on back of certificate.

G 06410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 191

G 06410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 E Lombard st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 E Lombard st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH FRANCKEWITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30-1943

8. AGE: Years	Months	Days	If less than one day
	2	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Elevator
11. Industry or business

FATHER
12. Name Elexander Franckewitz
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Marie Manning
15. Birthplace Balto.

16 (a) Informant Elexander Franckewitz
(b) Address 1703 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-43 (month) (day) (year)
(c) Cemetery or crematory ~~Holy~~ Holy Rosary
Location

18 (a) Funeral director W. S. Fialkowski
(b) Address 2092 Eastern Ave

19 (a) Thurlington Williams, M.D. (b) Registrar

JUL 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Heat exhaustion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-17-43

G 06411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G 06411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 W. Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 W. Lanvale (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Louis Albert Tarr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Roden
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 16, 1874

8. AGE: Years	Months	Days	If less than one day
69	4	1	-- hr. ---- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation -------
11. Industry or business Machinery Business

FATHER
12. Name Wesley B. Tarr
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Mary Roden Tarr
(b) Address 2420 W. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

(a) (b)
(Date rec'd by registrar)

JUL 18 1943

Registrar Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 11:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 17 1943. and that I last saw h alive on July 17 1943.

Immediate cause of death Angina Pectoris — Duration 5 day

Due to

Due to

Other Conditions Myocarditis — 3 mo

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Evans M. D.
Address 612 W 40th Date signed

G 06412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

G 06412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Eislen St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Eislen St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garfield Tilghman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Anna Tilghman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1899

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Soloman Tilghman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Other
15. Birthplace Md.

16 (a) Informant Anna Tilghman
(b) Address 644 Eislen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave.

JUL 18 1943 (Registrar) Martha Jo Williams M.D. (Attending Physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/43 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/43 to 7/15/43 and that I last saw h alive on 7/10/43

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension & Chronic Nephritis, 1 mo

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martha Jo Williams M.D.

Address 519 N. Carrollton Ave. Date signed 7/18/43

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Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 06413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 06413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4710 Old York Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mon.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4710 Old York Road (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME George Bernard Topper

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Margaret E. Tabeling
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1882

8. AGE: Years	Months	Days	If less than one day
60	6	21	— hr. — min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation General Contractor
11. Industry or business Self

FATHER
12. Name Joseph Topper
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Bushman
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Margaret E. Topper
(b) Address 4710 Old York Rd., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Marie
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Maryland

18 1943 (Date rec'd by registrar) (b) — Registrar
Huntington Williams, MD

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25, 1943 to July 16 1943, and that I last saw him alive on July 05 1943.

Immediate cause of death Carcinoma of Rectum — Duration 6 mos.
Due to metastatic Carcinoma of Liver
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe M.D.
Address 1331 E. Northlane Date signed 7-19-43

Cause of death is especially important. Physicians: please write plainly.

G 06414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 14

G 06414
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene + Redwood St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Presstman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

51

3 (a) FULL NAME Thelma Booker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1931

8. AGE: Years	Months	Days	If less than one day
12		7	hr. min.

9. Birthplace Richmond, Va. (town, county and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Alexander Booker
13. Birthplace Media, Va.

MOTHER
14. Maiden Name Sallie McCree
15. Birthplace Media, Va.

16 (a) Informant Alexander Booker
(b) Address 1319 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co., Md.

18 (a) Funeral director Mrs. Chas. H. Holland
(b) Address 1631 Druid Hill Ave.

(a) JUL 18 1943 (Registrar) (b) Harrington Hall Registered M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1943 at 3:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7, 6 1943 to 7, 13 1943, and that I last saw h.e.R alive on 7, 13 1943

Immediate cause of death Tuberculosis of the Meninges — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Meningeal hyperemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. B. Hagan M.D.
Address Univ. Hosp. Date signed 7-13-43

G 06415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Home 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Towson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles. Lang.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11, 1864

8. AGE: Years 79 | Months 3 | Days 86 | If less than one day hr. min.

9. Birthplace Germany. (Town, county, or state)

10. Usual Occupation Car Inspector B & O RR.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Bridget Johnson
(b) Address 1437 Towson St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 19 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Annapolis Blvd

18 (a) Funeral director Chas. F. Hill.
(b) Address 501 E. Fort Ave.

19 (a) (Registrar) (b) Registrar

JUL 18 1943
VS 3

Director Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943, to July 17 1943, and that I last saw him alive on July 16 1943.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M. D.

Address 7324 Reisterstown Rd Date signed 7/18/43

G 06416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 06416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 857 Woodward st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 857 Woodward st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Davis.

3 (b) If veteran, name war	3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife Charles M. Davis.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1859

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	10	17		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name James McCall
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Collins
15. Birthplace unknown

16 (a) Informant Mrs Alice Jones
(b) Address 857 Woodward st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 - 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chas P. Sewell
(b) Address 1 E Lanvale

JUL 16 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1943 at 9 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1943 to July 16 1943 and that I last saw h[illegible] alive on July 16 1943.

Immediate cause of death
CEREBRAL HEMORRHAGE
Due to ARTERIOSCLEROSIS
CORONARY THROMBOSIS
Due to [illegible] SCLEROSIS

Duration
July 15 '43
1938

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Nolan M.D.
Address 6 E Lexington St Date signed 7-17-43 M. D.

VS 3

06417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 B

Registered No. G 06417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Fred.
(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rd #2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1933

8. AGE: Years	Months	Days	If less than one day
10			hr. min.

9. Birthplace Thurmont Route #2
(Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name James Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Lenta Wills
15. Birthplace Maryland

16 (a) Informant ~~Doctor~~ James Kelly
(b) Address Thurmont

17 (a) Burial (b) Date thereof 7/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Thurmont

18 (a) Funeral director Willhide & Creager
(b) Address Hagerstown, Md.

JUL 19 1943
(a) (b)
(Registrar) Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/43 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1943 to 7/18 1943.
and that I last saw h[illegible] alive on 7/18 1943.

Immediate cause of death Metastatic sarcoma of bone

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Stein M. D.
Address St. Agnes Hosp. Date signed 7/18/43

06418

MARYLAND STATE DEPARTMENT OF HEALTH

3411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 83a

G 06418

Reg. Dist. No. _____

1. PLACE OF DEATH
a. Baltimore
b. Baltimore
(If outside city or town limits, write RURAL and give nearest town)
c. How long in above place of death? 2 Yrs.
d. Usual residence, institution, or street address where death occurred: 22 N. Paca St.
e. If in hospital or institution? (Name) None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1922 Virginia Ave
(If rural, give LOCATION)
2.(a) If veteran, name war NS

3. FULL NAME Miss Mary Mc Cusker

3.(b) Social Security Number None

4. Color or race White
5. Sex female
6.(a) Single, married, widowed, or divorced single
(b) Name of husband or wife
7. (a) Date of birth (mo., day, yr.) Feb. 23 - 1878
(b) If alive, give age _____ years
AGE: Years 65 Months 3 Days 8 If less than one day hrs. min.
8. Birthplace Hagerstown, Md (Town, county, and state)
9. Usual occupation housewife
10. Kind of industry or business
11. Name Jake F. McCusker
12. Birthplace Williamsport, Md
13. Maiden name Martha Rowland
14. Birthplace Hagerstown, Md
15. Informant Mrs. Margaret Dagler
16. Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21-1943 (month) (day) (year)
18. Cemetery or crematory Rose Hill
19. Address Hagerstown, Md
20. Undertaker A. K. Coffman
21. Address Hagerstown, Md.
JUL 19 1943 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 4P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1943 to July 18 1943
and that I last saw her alive on July 18 1943
Immediate cause of death Apoplexy — Duration 4 days
Due to _____
Due to _____
Other conditions Hypostatic Pneumonia — Duration 1 dy
(Include pregnancy within 3 months of death)
Major findings of operations —
Date of op. _____
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE T. Edmund Ramer M.D.
M. D. or other
Address 1901 Eutaw
Date signed 7/18/43

06419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. G 06419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3938 Lowndes
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3938 Lowndes
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Joseph Yeakel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 21 1894

8. AGE: Years 54 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Balt. Md.
(City, county, or state)

10. Usual Occupation Plumber

11. Industry or business Retired

MOTHER / FATHER

12. Name Charles Yeakel

13. Birthplace Germany

14. Maiden Name Kath. Meismann

15. Birthplace Balto. Md.

16 (a) Informant Margaret Yeakel

(b) Address 3938 Lowndes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1943 (month) (year)

(c) Cemetery or crematory New Cath.

Location Old Frederick Rd.

18 (a) Funeral director John A. Nelson

(b) Address 4424 Fremont Ave

19 JUL 19 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1943 to 5-22 1943 and that I last saw h (PM) alive on 5-22 1943.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis Angina Pectoris

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
Dec 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Wiedeman

Address 1501 Eastern Ave Date signed 7-16-43 M. D.

6420 X ✓ G 06420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. #37843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Eudowood Sanatorium
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH BREUNING

3 (b) If veteran, name war: M
3 (c) Social Security Account No. NOE

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) 3-6-81

8. AGE: Years 62 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Supervisor Building
11. Industry or business Sanatarium

FATHER
12. Name Marcus Breuning
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Romer
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Nelson & Son
(b) Address 219 E. Saratoga St.

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1943 at 5 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1943 to 7/18 1943 and that I last saw h alive on 7/17 1943.

Immediate cause of death: myocardial infarction

Due to: hypertension & V. disease

Due to:

Other Conditions: Pulmonary Tbc Syphilis (treated)
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Birmingham
Address J. A. H. Date signed 7-19-43

VS 180

06421

MJ-82359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Wyncoop, Jr.

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Ida (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1872

8. AGE: Years	Months	Days	If less than one day
71	0	26	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Wyncoop
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace Holland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Trinity
Location Balto Md

18 (a) Funeral director McKeown Cook Inc
(b) Address 727 St. Paul St

19 (a) JUL 19 1943 (Date rec'd by registrar) Huntington Williams, M.D. registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1943. at 10.01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1943. to 7/11 1943. and that I last saw him alive on 7/11 1943.

Immediate cause of death Cardiac failure acute.

Due to Arteriosclerotic C-V disease & pneumonia ? ?

Due to Coma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E L Sergeson M. D.
Address Balto City Hosp Date signed 7/11

VS 150

correct age is especially important. Type or write plainly. Please write the cause of death clearly and legibly.

06422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 W. North Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 W. North Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John N. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie L. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1891

8. AGE: Years 51 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Painter & Decorator

11. Industry or business

FATHER
12. Name William F. Miller
13. Birthplace Halifax, Pa.

MOTHER
14. Maiden Name Mary T. Hofferbert
15. Birthplace St. Louis, Mo.

16 (a) Informant Mrs. Carrie L. Miller
(b) Address 3205 W. North Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,

JUL 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1943, at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1943 to July 16 1943 and that I last saw him alive on July 15 1943.

Immediate cause of death: Chronic Myocarditis — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac C. Dickson, M. D.
Address 3156 W. North Ave Date signed July 17-43

36123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓

Registered No. G 06423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Madison Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Phar.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	col	Infant.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-43

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Raymond Phar
13. Birthplace North Carolina

MOTHER
14. Maiden Name Carmelia McCloud
15. Birthplace North Carolina

16 (a) Informant Mr. Raymond Phar
(b) Address 1241 Madison Ave.

17 (a) Cremation (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 JUL 19 1943 (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1943 to 7-12 1943 and that I last saw h— alive on 7-12 1943.

Immediate cause of death Prematurity (7 mos.)
Congenital Atelectasis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J W B Bullock M. D.
Address Crumbert Hospital Date signed 7-19-43

VS 3

06124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ G 06424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5166 Wright Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5166 Wright Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME 3mo foetus

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hr. 5a min.

9. Birthplace 5166 Wright Ave
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name Betty Cornelius ?
15. Birthplace ?

16 (a) Informant Dr Maldies
(b) Address Balto City Health Office

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) [illegible] 10 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1943 at 8 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Premature birth — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad L Richter
Address 4341 Parkside Dr Date signed 7/6/43

VS 3

06425 Williams ✓ G 06425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 n. Vincent St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 N. Vincent St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura W. Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	colored	Widowed

6 (b) Name of husband or wife James Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 23 - 1871

8. AGE: Years	Months	Days	If less than one day
71	7	24	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Richard Brown
13. Birthplace md

MOTHER
14. Maiden Name Sarah Thornton
15. Birthplace md

16 (a) Informant Frederick Williams
(b) Address 1037 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 21 - 43 (month) (day) (year)
(c) Cemetery or crematory Western Star cem
Location md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pressman St

19 JUL 19 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1943 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1943 to 7/17 1943, and that I last saw h alive on 19 .

Immediate cause of death Cerebral apoplexy
Due to Paralysis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 2 W Dtt - Date signed 7/16

06426 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06426

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. D.O.A. South Baltimore Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lee Jefferson

(a) Residence: No. 223 W. Henrietta St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	212-09-6195

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Sept 15 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	59	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — N C.

FATHER

13. NAME — Jeff Jefferson

14. BIRTHPLACE (city or town) (State or country) — N C

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT — Mattie Mae Ward
(Address) 223 W Hennetta St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 7/20/43 19

19. UNDERTAKER — Isaiah L. Brown & Son
(Address) 1042 Montgomery St

20. JUL 19 1943 19 — Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17 ,19 43

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained at said Enquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to ... on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hugh B. McNally M. D.
Coroner

(Address) .....

V S 8

See instructions on back of certificate.

82286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06427
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Bevans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1880

8. AGE: Years	Months	Days	If less than one day
63	4	26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unable to work
11. Industry or business

FATHER
12. Name James H.
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Asop
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co Md

18 (a) Funeral director Josiah S. Brooks
(b) Address 108 W Montgomery St

Filed JUL 19 1943 (Date filed by Registrar) Registration No. Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1943 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/14 1943 and that I last saw him alive on 7/14 1943.

Immediate cause of death Cardiac failure d/t. Pulmonary or cerebral infarct — Duration 2 hr.

Due to Arteriosclerotic Gr. disease & decompensation — 2 mo.

Due to Coron. coronary occlusion

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No Aut

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sugarman M. D.
Address Balto. City Hosp. Date signed 7/16

VS 150

G 06428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 f

G 06428 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954-Forest St
(c) Hospital or institution: Md. Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 8 4 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Brunt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Goodin

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife: Mabel Goodin
6 (c) If alive, give age ?? years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1885

8. AGE: Years	Months	Days	If less than one day
57	9	14	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name John W. Goodin
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Ruth Copeland
15. Birthplace Richmond, Va.

16 (a) Informant Mabel Goodin
(b) Address 1828 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs. Ella M. Hall
(b) Address 1617 Harlem Ave. Baltimore, Md.

19 (a) (Date received by Registrar) (b) Registrar

JUL 19 1943

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943, to July 16 1943, and that I last saw him alive on July 16 1943.

Immediate cause of death: Generalized Abdominal Malefrancy — Duration

Due to (a)

Due to (b)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. F. Karns M. D.
Address 14 Medical Arts Date signed 7-16-43

G 06429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

✓ G 06429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 655 George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maude Rose Milburn

3 (b) If veteran, name war

3 (c) Social Security Account No. ++

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1904

8. AGE: Years 39 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Charles Butler

13. Birthplace St. Mary's Co. Md.

MOTHER 14. Maiden Name Henrietta ? ?

15. Birthplace St. Mary's Co. Md.

16 (a) Informant Genevieve Hylton

(b) Address 530 Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Lew. V. Stallings

(b) Address 1644 Pennsylvania Ave.

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 22 1943 to July 16 1943 and that I last saw deceased on 19

Immediate cause of death Cystic mastitis

Duration 7 mos

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Peltekian M. D.

Address 847 Hamilton Ave. Date signed

PELTEKIAN

VS 150

STUPRICH

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06430 CERTIFICATE OF DEATH 157E G 06430

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4142 Edgemont St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stuprich

If U. S. Veteran specify WAR

(a) Residence: No. 4142 Edgemont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19 43

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Oscar Francis Stuprich

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mildred Josephine Krug

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mildred Josephine Stuprich

(Address) 4142 Edgemont

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date July 19 1943

19. UNDERTAKER Geo M. Fouch & Son

(Address) 811 N Howard St

20. FILED JUL 19 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 43

22. I HEREBY CERTIFY, That I attended deceased from July 19 43 to July 19 43

I last saw her alive on July 19 43 Death is said to have occurred on the date stated above, at 9.20 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 19 43

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Daniel Cole M. D.

(Address) 501 Fremont Ave

G 06431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 06431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 568 Gold St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Francis Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/1943

8. AGE: Years | Months: 4 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name: James Tines
13. Birthplace: White Stone Va

MOTHER 14. Maiden Name: Dorothy Davis
15. Birthplace: Baltimore Md

16 (a) Informant: Dorothy Davis
(b) Address: 568 Gold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cemetery
Location: Brooklyn

18 (a) Funeral director: Va Brooks
(b) Address: 1443 N. Carey St

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Registrar: Huntington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 11.57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 16 1943 and that I last saw him alive on July 16 1943.

Immediate cause of death: Acute Gastro-enteritis Diarrhoea (non specific) — Duration: 1 week

Due to

Due to

Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: G H Barnes M.D.
Address: Provident Hospital Date signed: 7-16-43

06432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 716 S. Luzerne Ave.
(c) Hospital or institution:
Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. Luzerne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Knight.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow.

6 (b) Name of husband or wife William - Dec.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/29/1888

8. AGE: Years	Months	Days	If less than one day
55	1	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Albert Ewert
(b) Address 716 S. Luzerne Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorman Mill Rd.
18 (a) Funeral director John J. Linda
(b) Address 2029 Hudson St.
19 (a) (Date and city or county) (b) Huntington Williamsport, Md.

JUL 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-43 19 8:45 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-14-43 19 to 7-17-43 19, and that I last saw h[er] alive on 7-16-43.

Immediate cause of death	Duration
My preliminary Cardio-renal disease - Bronchial Pneumonia	
Due to Senile exhaustion.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mitchell S. Stansbrook M. D.
Address 713 E Eutaw Date signed 7/17/43

G 06433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 ✓

G 06433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Myrtle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Smith

3 (b) [illegible]: SS. 212-14-3769

3 (c) Social Security Account No. [redacted]

4. Sex: M
5. Color or race: B
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 27, 1918
8. AGE: Years 25 | Months 4 | Days 19 | If less than one day: hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Screw Sorter
11. Industry or business Fairfield Shipyard

FATHER
12. Name William Smith
13. Birthplace [illegible]

MOTHER
14. Maiden Name [illegible] Wyte
15. Birthplace Va

16 (a) Informant Hospital records
(b) Address -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1943 (day) (year)
(c) Cemetery or crematory W. M. Culbreth Cem.
Location

18 (a) Funeral director Mr. Katzw R. Williams
(b) Address 3929 W. Schroeder St

19 (a) [illegible] 19 1943 (Date received by registrar) Williams Huntington

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1943, to July 16 1943, and that I last saw him alive on July 16 1943.

Immediate cause of death: Tuberculous Meningitis — Duration: 6 days

Due to Miliary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hospital Date signed 7-17-43

G 06434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 06434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood.
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Jamie A Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1899

8. AGE: Years: 43 | Months: 11 | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ? John Scribner
13. Birthplace Calvt Co.

MOTHER
14. Maiden Name Eliz. Scribner Forest
15. Birthplace Calvert Co Md

16 (a) Informant Richard Brown
(b) Address 814 S. Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUL 19 1943 (Date rec'd by registrar)
Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 3:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 17 1943, and that I last saw her alive on July 17 1943.

Immediate cause of death Metastatic Carcinoma of the Liver. — Duration

Due to Ca. of Rt. Breast.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Hagan M. D.
Address Univ. Hosp. Date signed 7/18/43

06435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06435

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 Upland Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Upland Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN YEAMAN SMITH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Emily M. Smith

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1864

8. AGE: Years 78 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business D. C. Trash Collection

FATHER
12. Name E. H. Smith
13. Birthplace Va. Eligh, Va.

MOTHER
14. Maiden Name Annie Conrad
15. Birthplace Washington, D. C.

16 (a) Informant Mrs. Ethel Smith Sheppard
(b) Address 5 Upland Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) (b) Huntington Williams, M.D. Registrar

JUL 19 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1943, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 43 to July 18 1943 and that I last saw h[illegible] alive on July 17 1943

Immediate cause of death: Coronary Thrombosis — Duration: 18 hrs

Due to: Coronary Sclerosis — Duration: Indefinite

Due to:

Other Conditions: Chr. Myocarditis — Duration: Indefinite

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathaniel M. Beck M.D. M. D.
Address 2727 N. Charles St. Date signed

G 06436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 06436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Lemben ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 679 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J Brunner

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Anna C. Brunner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1870

8. AGE: Years	Months	Days	If less than one day
72	10	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Produce Business
11. Industry or business Own

FATHER
12. Name John L. Brunner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Walter I. Brunner
(b) Address 1000 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1943 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1943 to 7-17 1943 and that I last saw him alive on 7-9 1943

Immediate cause of death: Uremia - Urinary retention, Benign Prostatic hypertrophy — Duration

Due to

Due to

Other Condition Arteriosclerosis C.V. Disease, Bilateral Parotitis (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 7/17/43

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.

06437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 1350 G 06437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 E 20th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 81

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 E. 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie E. Scott

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife George Scott
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1862
8. AGE: Years 81 | Months — | Days — | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name George Cooke
13. Birthplace Baltimore

MOTHER
14. Maiden Name, Mamie Cooke
15. Birthplace Baltimore

16 (a) Informant Mrs Hary Snyder
(b) Address 502 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location

18 (a) Funeral director Mary M Wedefeld
(b) Address 501 E. 32nd St

19 (a) (Date rec'd by registrar) JUL 19 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1943, to July 17 1943, and that I last saw her alive on July 15 1943

Immediate cause of death: Duration
Pneumonia
Due to Chronic Cystitis & Senility 7 y.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roger Boyle M. D.
Address 1100 E Fayette Date signed 7/19/43

G 06438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

920 ✓ Registered No. G 06438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Eastern Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH RUKAVINA ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-06

8. AGE: Years	Months	Days	If less than one day hr.	min.
37				

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Spurrows Point

FATHER
12. Name Joseph Rukavina
13. Birthplace Yugo Slavia

MOTHER
14. Maiden Name Mary Kolak
15. Birthplace Yugo Slavia

16 (a) Informant Stephen Kolak
(b) Address 2704 E. 93rd St. Chicago

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20th (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Organski
(b) Address 1900 Eastern Ave

19 (a) JUL 17 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1943, at 8:25 A. M.

21. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Valvular heart disease
aortic regurgitation
rheumatic basis
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-16-43

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6439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G 06439
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Washington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Kielczewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Emma Kielczewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13 1881

8. AGE: Years	Months	Days	If less than one day
62. 61	7	3	hr. min.

9. Birthplace Poland.
(Town, county and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name
13. Birthplace Poland.

MOTHER
14. Maiden Name
15. Birthplace Poland.

16 (a) Informant
(b) Address 504 S. Washington St

17 (a) Buried (b) Date thereof 7/20/43.
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) 7/19/43 (b) Huntington Williams
(Date rec'd by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to July 18 1943. and that I last saw h— alive on July 18 1943.

Immediate cause of death
Carcinoma of Stomach
Carcinoma of Kidney
Due to —
Due to —
Other Conditions Pulmonary edema,

Duration
Days
1 year or less

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. Pulis M. D.
Address 24 Clay Date signed July 19/43

G 06440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. G 06440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W. Baltimore Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Marsiglia

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept. 29-1900

8. AGE: Years	Months	Days	If less than one day
42	9	18	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Ignatius Marsiglia
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa Fulco
15. Birthplace Italy

16 (a) Informant Rose Mataiglia
(b) Address 610 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Road.

18 (a) Funeral director Joseph Fanaro Inc.
(b) Address 201 Fremont Ave

19 Filed July 19 1943 (b) Signature for William H. Hyde

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943. at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19[illegible] to July 17 1943.
and that I last saw h[illegible] alive on July 17 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schofields
Address 230 Annapolis Date signed 7/19/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

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6441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06441
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp.
(c) Hospital or institution: " "
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2762 Twenty Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine A. Wolf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Philip
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1857

8. AGE: Years 85 | Months 9 | Days 1 | If less than one day hr. — min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Conrad Diesel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Fichtelberg
15. Birthplace Germany

16 (a) Informant Mrs Etta Wolf
(b) Address 2762 Twenty Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem
Location Dundalk Md

18 (a) Funeral director L. Hecmann & Son
(b) Address 32 S. Broadway.

19 (a) 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943 at 6:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to July 16 1943 and that I last saw h e alive on July 16 1943

Immediate cause of death Cardiac Failure — Duration

Due to Cardiac Decompensation

Due to Hypertensive C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. P. Bray
Address Mercy Hosp. Date signed 7/16/43 M. D.

Approved by Howard J. Walsh M.D.

Coroner's case is especially important. Physicians, please write the cause of death clearly and legibly.

G 06442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

G 06442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2360 Wilkens ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-07-3158

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1904

8. AGE: Years 39 | Months 5 | Days 12 | If less than one day: hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Donahue
15. Birthplace Md.

16 (a) Informant Harry N. Thomas
(b) Address 325 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director Geo. F. Schmidt
(b) Address 2101 Frederick Avenue

19 (c) JUL 19 1943 (Date rec'd by registrar) Thomas Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-1943, at M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Fractured Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-17-43 at 9.30 P. M. 25/43
(b) Where did injury occur? W. MR.R. Bruce Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Walked into a moving train.

23. Signature Howard J. Huddleson M.D. Medical Examiner.
Date signed 7-19-43

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06443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 06443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 West St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Stewart 82435

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1927

8. AGE: Years 16 | Months 4 | Days 7 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation porter

11. Industry or business

FATHER
12. Name Charles Stewart
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Green
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) 7-19-1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1943, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1943 to July 15 1943, and that I last saw her alive on July 15 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergman M. D.
Address Balto. City Hosp. Date signed 7/14/43

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Correct age is especially important. Physician: please write the cause of death clearly and legibly.

6144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. 6444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BALTIMORE, MARYLAND
(c) Hospital or institution:
WEST BALTIMORE GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 LERCH DRIVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT HAMMOND

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Nellie Hammond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1884

8. AGE: Years	Months	Days	If less than one day
58	7	20	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Banker self
11. Industry or business

FATHER
12. Name ? Hammond
13. Birthplace Baltimore

MOTHER
14. Maiden Name Christina Frost
15. Birthplace Baltimore

16 (a) Informant Mrs Nellie Hammond
(b) Address 3311 Lerch Drive

17 (a) Burial (b) Date thereof 7-19-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard F Rush
(b) Address 5345 Belair Road
(Undertaker or Funeral Director)

19 (a) JUL 19 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 15, 1943 at 10:30 P M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture of second cervical vertebra.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 15/7
(a) Date of injury 1:30 P.M. July 14, 1943
(b) Where did injury occur? Texaco Filling Station 2615 Gwynns Falls Parkway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Fell from scaffold to pavement.
23. Signature H L Wollenmeber Asst Medical Examiner. M.D.
Date signed 7-16-43

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06445 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06445

CERTIFICATE OF DEATH 1943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Crawford Retreat St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William B. Taylor Sr

If U.S. Veteran specify WAR .....

(a) Residence: No. 2900 Bayonne Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 9-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thos. B. Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret E. McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jos. J. Zimmerman (Address) 2900 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood. Date July 21 1943

19. UNDERTAKER Leonard J. Rusch (Address) 305 Baybord Rd.

FILED JUL 19 1943 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18, 1943

22. I HEREBY CERTIFY, That I attended deceased from 7/17, 1943, to 7/18, 1943

I last saw him alive on 7/17, 1943. Death is said to have occurred on the date stated above, at 7:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/18/43
Hypertensive Cardiovascular Disease	1940
Other contributory causes of importance: Generalized Arteriosclerosis	1940

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos E Rowley M. D.

(Address) 3629 Edmondson Ave

CONFIDENTIAL: This information is very important. See instructions on back of certificate. Exact statement may be properly classified.

06446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06446 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE TYPEWRITER, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Fakwood ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. annie Dampf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife Frank Dampf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1846

8. AGE: Years	Months	Days	If less than one day: hr.	min.
96 5 7	11	21		

9. Birthplace Austria, Germany (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name ? Lettner
15. Birthplace Germany

16 (a) Informant Carl Dampf
(b) Address 1400 N. Fakwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Road

JUL 19 1943 (Date received by Registrar) (b) Livingston Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 7:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 17 1943, and that I last saw her alive on July 17 1943.

Immediate cause of death: Cardio-respiratory failure
Due to: Hypostatic pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Marion L. Adelsdorff M.D.
Address Mercy Hosp. Date signed 7/17/43

G 06447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

G 06447 Registered No.

Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1244 Battery Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Thomas Hubbard

3 (b) If veteran, name war: Sp. American
3 (c) Social Security Account No. -

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louisa Hubbard
Single nam: Hardman
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1874

8. AGE: Years 68 | Months 6 | Days 28 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Motor Boat Buyer
11. Industry or business " (Self)

FATHER
12. Name William Hubbard
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose Fitzpatrick
15. Birthplace Baltimore, Md.

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/43 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 N. Charles St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1943, at 9:23 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1943, to July 18, 1943, and that I last saw him alive on July 18, 1943.

Immediate cause of death: Cerebrovascular accident — Duration: 1 day

Due to: Hypertensvie cardio vascular disease — Duration: Unknown

Other Conditions: Asthma, bronchial, chronic; Tuberculosis, pulmonary mild, active — Duration: Unknown

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: -
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -- No
(b) Date of occurrence -- at M
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. X Pahmke M.D.
Address Baltimore, Md. Date signed 7/19/43

JUL 19 1943

Va-13409

G 06448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170 C Registered No. G 06448

Private U. S. Army Fort Meade Maryland

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da 7/17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State V (b) County
(c) City or town Hornell N. Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Donald Evingham

3 (b) If veteran, name war — no
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/1911

8. AGE: Years	Months	Days	If less than one day
32	3	20	hr. min.

9. Birthplace Oswayo, Pa (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business Army

FATHER
12. Name Frank Evingham
13. Birthplace Unknown

MOTHER
14. Maiden Name Alta Evingham
15. Birthplace Unknown

16 (a) Informant Army Record
(b) Address Fort George G. Meade Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/18/43 (month) (day) (year)
(c) Cemetery or crematory Conistee, N. Y.
Location

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) JUL 19 1943 (Registrar) Huntington for Phillips, M.D.
VR Form

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1943, at 9 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Fractured Skull

Due to

Other Conditions Multiple contusions & bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-17-43 at 9 A. 15/43
(b) Where did injury occur? Park Ave. & Lexington
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Beating by Street Car, struck by Car Truck

23. Signature Howard J. Wiseley M.D.
Medical Examiner.
Date signed 7-17-43

C 06449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. C 06449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3509 Parklawn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Parklawn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T. Kimball

3 (b) If veteran, name war /
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Grace Kimball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 - 1869

8. AGE: Years 73 74 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Daniel Kimball
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Chambers
15. Birthplace Baltimore

16 (a) Informant Mrs. John Sharkey
(b) Address 3509 Parklawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 21 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn (Baltimore)

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans st

19 (a) JUL 19 1943 Huntington Williams MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2- 1940 to 7-17- 1943 and that I last saw him alive on 7-17- 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 16 hours
Due to: Cardio-vascular-renal disease — ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton C. Lang M. D.
Address 2117 Belair Rd Date signed 7-19-43

VS 3

G 06450 G 06450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1953

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: BEATRICE GOLDSMITH

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-09-4465

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1885

8. AGE: Years	Months	Days	If less than one day
57	10	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Office Clerk.

11. Industry or business

FATHER
12. Name Jacob Goldsmith,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rosa Goodman,
15. Birthplace Germany.

16 (a) Informant Miss. R. Goldsmith,
(b) Address 1820 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Sonnenschein
(b) Address 1902 Eutaw Place.

19 (a) JUL 19 1943 (Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th. 1943 at 2.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943. to July 17 1943. and that I last saw her alive on July 17 1943.

Immediate cause of death: Heart Failure — Duration: 3 months

Due to: Decompensation — Duration: ?

Due to: Rheumatic Heart disease

Due to: and

Other Conditions: GEN. ARTERIO SCLEROSIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M.D.
Address 848 W. 36th. St. Date signed 7/17/43

G 06451

BALTIMORE CITY HEALTH DEPARTMENT G 06451 Registered No.

CERTIFICATE OF DEATH 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 740 Puritan St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 Puritan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H. Everett.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married.

6 (b) Name of husband or wife Ellen L. Everett.
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 9, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	2	8		

9. Birthplace Wisconsin. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Ellen L Everett.
(b) Address 740 Puritan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave.

18 (a) Funeral director Lehmann & Donovan
(b) Address 36-50 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUL 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1943, at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1941, to July 17 1943, and that I last saw h on alive on July 17 1943.

Immediate cause of death Uremia — Duration

Due to Arteriosclerotic cardio-renal disease — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm N. McGaulf M. D.
Address 1800 N. Charles St. Date signed July 19, 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06452 Registered No. 439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemon Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 W. 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jessie Edward Haynes

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice M —
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar 21, 1890

8. AGE: Years	Months	Days	If less than one day
53	3	27	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Interocean Sales Co.

FATHER
12. Name Jesse M Haynes.
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Shipley.
15. Birthplace Md

16 (a) Informant Alice M Haynes.
(b) Address 609 W. 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hampstead

18 (a) Funeral director C. Howard Hopkins
(b) Address 2615-17 Eastern Ave

19 (a) OCT 19 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-1943, at 8:20 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic myocardial degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-17-43

VS 151

G 06453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1170

G 06453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~607 Reisterstown Rd.~~
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town ~~Baltimore~~ Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Reisterstown Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Russell R Stansbury

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-7235

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Daisy Stansbury (Name)

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) November 26, 1915

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	7	21		

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Theodore S Stansbury
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Annie Mary Sullivan
15. Birthplace Baltimore County, Md.

16 (a) Informant Mr. Theodore S. Stansbury
(b) Address 607 Reisterstown Rd., Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Millis Donovan
(b) Address 1005 E. Baltimore St.

19 Huntington Williams, M.D. JUL 19 1943
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1943 at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1943 to 7-17 1943 and that I last saw h[illegible] alive on 7-17 1943

Immediate cause of death

Due to Ruptured duodenal ulcer & generalized peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-13-43

Major findings of operation: Diagnosis confirmed

of autopsy: Not obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Kornegay, Jr. M. D.
Address University Hospital Date signed 7-17-43

Huntington Williams, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH UNFADING INK. Every item of information should be carefully ... No.

G 06454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186 G 06454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susan H. Nelson.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas M. Nelson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1858

8. AGE: Years 85 | Months 5 | Days 30 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Home wife

11. Industry or business

FATHER
12. Name: Robert Atkinson
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Georgiana Kreel
15. Birthplace: Baltimore Md.

16 (a) Informant: Miss Adelaid Nelson
(b) Address: Homewood Apts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 20 43 (month) (day) (year)
(c) Cemetery or crematory: Oed Chapel
Location: Millwood Va.

18 (a) Funeral director: Henry W. Jenkins Sons Co.
(b) Address: McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

JUL 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 9 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 18 1943, and that I last saw him alive on July 18 1943.

Immediate cause of death: Heart failure — Duration: 4 hrs.

Due to: Arteriosclerotic Heart Disease — ?

Due to:

Other Conditions: Fracture, Rt femur — 5 days

(Include pregnancy within 3 months of death)

Date of operation 7-14-43 - Manipulation & application of splint

Major findings of operation: Impaction 1/3 over end of femur

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence 7-14-43 at M
(c) Where did injury occur? Homewood apt (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury: Slipped and fell

23. Signature: John A. Warfield M.D.
Address: Union Memorial Hosp. Date signed 7-18-43

Approved: Henry L. Wollenweber M.D.
per Robert Lee Putnam MD

WARNING: WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1618

G 06455 Registered No.

Every item of information should be carefully answered, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2147 N. Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Sadler
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. infant
6 (b) Name of husband or wife infant
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 15-43
8. AGE: Years — Months — Days 3 If less than one day hr. min.
9. Birthplace University Hospital, Baltimore (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Daniel Sadler
13. Birthplace Maryland

MOTHER
14. Maiden Name Estelle Soto
15. Birthplace Maryland

16 (a) Informant University Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/19/43 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location Baltimore, Md.
18 (a) Funeral director F. D. GILBERT & SON
(b) Address 300 Eutaw Place
19 (a) JUL 19 1943 (Date received) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 1.25 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 17 1943, and that I last saw deceased alive on July 17 1943.

Immediate cause (a)	Duration
Pulmonary Edema	
Septicemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Thomas Hedrick M.D.
Address University Hosp. Date signed 7/19/43

VS 180

G 06456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06456 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Monument & Rutland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1008 Brentwood Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Dunn

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. F.

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec 4 - 1882

8. AGE: Years 60 61 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name James Kennedy

13. Birthplace Ireland.

MOTHER 14. Maiden Name Bridget Hannigan

15. Birthplace Ireland

16 (a) Informant John L. Dunn

(b) Address 1008 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Old Frederick Rd

18 (a) Funeral director Wm. A. McKay

(b) Address 3000 E. Balto St.

19 (a) (Date received by registrar) (b) Registrar

Burlington for Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 17 1943, and that I last saw her alive on July 17 1943.

Immediate cause of death: Septicemia — Duration

Due to Multiple septic emboli with metastic abscesses

Due to Endocarditis Carbuncle & Neck

Other Conditions Diabetes Mellitus Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Multiple abscesses, Carb[illegible]e

PHYSICIAN Underline the cause to which death should be charged, statis-

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Herbert A. Jacobs, M.D.

Address Sinai Hospital Date signed 7/19/43

G 06457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 06457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 N. Exeter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 307 N Exeter St
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Mossell

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma Mossell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 1872

8. AGE: Years 71 | Months — | Days — | If less than one day: hr. min.

9. Birthplace France
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name unk
13. Birthplace unk

MOTHER
14. Maiden Name unk
15. Birthplace unk

16 (a) Informant Emma Mossell
(b) Address 307 N Exeter St

17 (a) Burial (b) Date thereof July 21 43
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Hugh Miller
(b) Address 1516 W Eldorado St

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 18 1943 and that I last saw deceased alive on July 17 1943

Immediate cause of death: Acute Hemiplegia
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: July 10 1943

Date of operation: none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Sr. Allen
Address 121 Druid Hill Ave Date signed 7/19/43

VS 1

G. 06458

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 16/a

G 06158 Registered No.

Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: The Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County St. Marys Co.

(c) City or town Beachville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Ball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1943

8. AGE: Years | Months | Days | If less than one day: 6 hr. no min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Ellis C. Ball

13. Birthplace Maryland

MOTHER 14. Maiden Name Gladys Butler

15. Birthplace Maryland

16 (a) Informant Hospital records

(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL JUL 19 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 19 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1943. 9.20P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24, 1943. to June 24, 1943. and that I last saw her alive on June 24, 1943.

Immediate cause of death Intrauterine asphyxia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Gilbert J. Vosburgh M.D.

Address Johns Hopkins Hospital Date signed 7-6-43

VS 186

0252

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 06459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Holbrook Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Holbrook Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Griffin

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma McCubbin

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 21st, 1883

8. AGE: Years 60 Months 4 Days 27 If less than one day ##### hr. ##### min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Air-Brake Mechanic

11. Industry or business Balto. Trans. Co

FATHER
12. Name Michael J. Griffin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Conoway
15. Birthplace Ireland

16 (a) Informant Mrs. Emma Griffin (Wife)
(b) Address 1601 Holbrook Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th, 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7-1943 to 7-18 1943, and that I last saw him alive on July 17 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 yr.

Due to Cerebrospinal Lues

Due to

Other Conditions Peritonitis - Sub phrenic Abscess - Duodenal Ulcer — 1-7-43

(Include pregnancy within 3 months of death)

Date of operation 1-21-43

Major findings of operation: Subphrenic Abscess (R) 9th

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] McElwain M. D.

Address 318 Norfolk Ave Date signed 7-19-43

McELWAIN

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITER, WITH UNFADING INK.

G 06460 G 06460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 E Federal St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 E Federal St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH KATHERINE GILL

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	m.

6 (b) Name of husband or wife Walter Slater Gill
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr) 6/10/1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	1	6		

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm. Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant Chas. Alvin Gill
(b) Address 1215-E Federal St.

17 (a) Burial (b) Date thereof 7/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George J. Ruth Inc
(b) Address 225 Hanford Ave Essex

JUL 19 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1943, at 2 50 P.M.

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. J. Wallenmaier M.D.
Medical Examiner.
Date signed 7-18-43

VS 151

G 06461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164C

G 06461 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore General Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Brice Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Baker

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-18-4449

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22-1922

8. AGE: Years 20 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Draftsman
11. Industry or business Bendix Radio

FATHER
12. Name Earl Nelson Baker
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Hilda E. Keil
15. Birthplace Baltimore Maryland

16 (a) Informant Earl N. Baker
(b) Address 417 N. Brice Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Geo H. Lembach
(b) Address 2211 N. Fayette St.

19 (a) JUL 19 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18- 1943, at 6.25 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Gun shot of head, involving brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-18-43 at 3.30 P. M.
(b) Where did injury occur? 417 N. Brice Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Self injuries automatic gun

23. Signature Howard J. Headley M.D.
Medical Examiner.
Date signed 7-19-43

VS 151

C 6462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 6462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 253 S Londen Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 S Londen
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Geddes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John C Geddes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1857

8. AGE: Years 86 | Months 1 | Days 23 22 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Louis Knauff
13. Birthplace Germany

MOTHER
14. Maiden Name Not Available
15. Birthplace Germany

16 (a) Informant Harry Geddis

(b) Address 253 S Londen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Baltimore Md

18 (a) Funeral director George A Farley

(b) Address Fulton & Fayette

19 (a) JUL 20 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1943 to July 18 1943, and that I last saw h[illegible] alive on July 18 1943.

Immediate cause of death Cerebral Thrombosis — Duration 2 days

Due to Cardio-renal-Vascular Disease — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J N Nelson M. D.

Address 617 W. 40 1/2 St Date signed 7/19/43

VS 180

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. C 06463

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski
(c) Hospital or institution Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth G. Cantwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64		21		

9. Birthplace Md (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Daniel Hoey
13. Birthplace Ireland
14. Maiden Name Mary Fabion
15. Birthplace Ireland

16 (a) Informant Mr. John J. Cantwell
(b) Address 908 Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo. A. Kane
(b) Address Fulton & Fayette

19 JUL 20 1943 (Date rec'd by registrar) (b) Interment for Witness

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to July 18 1943
and that I last saw h alive on July 17 1943.

Immediate cause of death: Cardio-vascular disease — Duration: 3 years
Due to
Due to
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kermond
Address 1937 Wilkens Ave Date signed 7/19/43 M. D.

VS 150

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1312

G 06464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Huntingdon
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph R Morris

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Lynn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1889

8. AGE: Years 54 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Horse trainer
11. Industry or business Jockey

FATHER
12. Name Harry Morris
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E McDermott
15. Birthplace Baltimore Md

16 (a) Informant Mrs E J Dammann
(b) Address 546 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 43 (Month) (day) (year)

(c) Cemetery or crematory Greenmount Cem Assn
Location Baltimore Md

18 (a) Funeral director Thomas J Kane
(b) Address 2174 Eutaw St

19 (a) JUL 20 1943 (Date rec'd by registrar) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943, at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1943 to July 19 1943, and that I last saw h alive on July 19 1943

Immediate cause of death

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 2 mos +

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo Y Sugg M.D.
Address 3812 Greenmount Ave Date signed 7/21/43

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The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied, and the answer written PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

06465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

G 06465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2716 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alphonse J Batzer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ella C Batzer
6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Jan 26 1872

8. AGE: Years 71 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Trimming Upholsterer
11. Industry or business Mfr Furn

FATHER
12. Name Unknown Batzer
13. Birthplace —

MOTHER
14. Maiden Name Louise Fuis
15. Birthplace Unknown

16 (a) Informant Mrs Ella C Batzer
(b) Address 2716 Guilford Ave

17 (a) Burial (Burial, cremation or removal)
(b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Pulmonary Funeral Home
(b) Address 1217 E Fayette St

19 JUL 20 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1943, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to July 18, 1943. And that I last saw him alive on July 18, 1943

Immediate cause of death: ante cardiac Dilatation — Duration: Immediate

Due to: Chronic hypertension — Duration: 5 yrs

Due to: cardiac hypertrophy — Duration: 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature Frank M. Updegraff M. D.
Address 2701 N. Calvert Date signed July 20 43

G 06466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 06466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers
(c) Hospital or institution: Aged Home of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelia Emma Vogt

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1859

8. AGE: Years 83 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John A Vogt
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E Doggett
15. Birthplace Baltimore Md

16 (a) Informant Eugenia Dorsey
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Milton Colvin
(b) Address 1217 N Gay St

19. JUL 20 1943 (Date filed by registrar) (b) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943 at 2 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to July 18 1943, and that I last saw h alive on July 18 1943.

Immediate cause of death: Coronary thrombosis — Duration: 6 hrs.
Due to
Due to Arteriosclerosis — 10 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur G Davies, M. D.
Address 800 W 34th St Date signed 7-19-43

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06467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

G 06467 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1920 Linrose Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1920 Linrose Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie L. Tyler

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Rufus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1862

8. AGE: Years 81 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Henry LeBrun

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Jane Magnuth

15. Birthplace Md

16 (a) Informant Nancy Daly

(b) Address 1920 Linrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Pulliam & Cole

(b) Address 1317 E Fort St

19 (a) JUL 20 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to July 18 1943 and that I last saw her alive on July 17 1943.

Immediate cause of death Carcinoma of Cervix Uteri — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. Lemon Langdale M.D.

Address 401 N. Payson St. Date signed 7/19/43

VS 250

06468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Cohesbury Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Cohesbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Jacob Ely

3 (b) If veteran, name war 10
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Gertrude Turner
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Jan 18. 1876

8. AGE: Years	Months	Days	If less than one day
66 67	6 5	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Pub Service Co

FATHER
12. Name John J. Ely
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Lane
15. Birthplace Baltimore Md

16 (a) Informant Geo J Ely
(b) Address Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Milburn & Son
(b) Address 1217 E Pratt St

JUL 20 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to July 18 1943, and that I last saw h/ alive on July 18 1943.

Immediate cause of death: Acute Dilation of the Heart. — Duration: 5-10 min.
Due to: Hemorrhage. Cerebral
Due to: Hypertension Arterial 1 mo
Other Conditions: Myocarditis Chronic 1 mo
(Include pregnancy within 3 months of death)
Date of operation: None.
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Graham Manton M. D.
Address 516 Cathedral Date signed 7-19-43

correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 250

C 06469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1647

Registered No. C 06469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 ds
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Cathedral St. (or rural route number; or give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. HOUCHENS JR

3 (b) If veteran, name war W
3 (c) Social Security Account No. — NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Daisy H. Houchens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1890

8. AGE: Years about 53 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John T. Houchens
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Mary E. Canaris
15. Birthplace Va.

16 (a) Informant John H. Houchens
(b) Address 3209 Alameda Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Woodall Bookhore
(b) Address 1217 St Paul Street
Huntington Williams, Md.

JUL 20 1943 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 4 45 M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lacerations multiple
neck

Due to

Other Conditions Hs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-18-43 at M.
(b) Where did injury occur? street address
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? —
(d) Means of injury Razor

23. Signature W. L. Ballenweber M.D.
Medical Examiner.
Date signed 7-18-43

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G 06470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30D

Registered No. G 06470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. (Academy of Visitation)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Clarence Miles

3 (b) If veteran, name war: W

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27th 1881

8. AGE: Years	Months	Days	If less than one day
61	7	20	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation Caretaker

11. Industry or business Academy of Visitation

FATHER
12. Name William H Miles
13. Birthplace Md.

MOTHER
14. Maiden Name Sallie E.
15. Birthplace Md.

16 (a) Informant Mrs Adeline Miles
(b) Address 610 Edmondson Ave. Catonsville

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook Jr
(b) Address 1217 St. Paul St

JUL 20 1943 (c) Huntington Williams Md
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 12 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1943 to July 17 1943, and that I last saw him alive on July 17 1943

Immediate cause of death: Ruptured Aneurysm of Abdominal Aorta — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuerton
Address St Joseph's Hosp Date signed 7-19-43

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6471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G 06471

1. PLACE OF DEATH:
(a) Baltimore City
(b) Street address 2934 Guilford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(c) City or town 2934 Guilford Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Catherine Dreming.

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Herbert Dreming.
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.): May 15 1879
8. AGE: Years 64 yrs. Months 2 Days 4 If less than one day: hr. min.
9. Birthplace: York Pa. (Town, county, and state)
10. Usual Occupation: Housewife.
11. Industry or business: At Home

FATHER
12. Name: Wm. H. Ziegler
13. Birthplace: York Co. Pa

MOTHER
14. Maiden Name: Alice Annie Holtzapple
15. Birthplace: York Co Pa

16 (a) Informant: Herbert Dreming
(b) Address: 2934 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Rosemont
Location: York. Pa.
18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St
19 JUL 20 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1943, at 3 a. M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to July 17 1943, and that I last saw h alive on July 17 1943.

Immediate cause of death: Pernicious Anemia.
Due to: Myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration: 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: Hugh Forsythe, M. D.
Address 434 E. York Ave. Date signed 7/19/43

Cover

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correct age if approximate, supplemental, if necessary, please write the name of death county and county.

G 06472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 168

Registered No. G 06472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 715
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 blk E Eldorado St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EULIA BRUTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Apr. 9 1920

8. AGE: Years 23 | Months 3 | Days 8 | If less than one day hr min

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Edward Bruton

13. Birthplace N. C.

MOTHER 14. Maiden Name Isabell Johnson

15. Birthplace N. C.

16 (a) Informant Isabell Johnson

(b) Address 2469 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location Md

18 (a) Funeral director Chas. H. Nelson

(b) Address 1303 Presstman

19 (a) JUL 20 1943 Washington, D.C.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 11 30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of skull

Due to

Other Conditions Carcinoma, right eye

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-15-43 at 11 30 A.M.
(b) Where did injury occur? on front of 946 E.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work?
(d) Means of injury struck on foot fight

23. Signature H. Z. Wellemeier M.D.
Medical Examiner.

Date signed 7-18-43

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06473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 06473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Parkheights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Parkheights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Leon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Kate Hyman

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1872

8. AGE: Years: 71 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Work

FATHER
12. Name: Harry King
13. Birthplace: Russia

MOTHER
14. Maiden Name: Elizabeth King
15. Birthplace: Russia

16 (a) Informant: Mrs Joseph Levinson
(b) Address: 2437 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1943 (month) (day) (year)
(c) Cemetery or crematory: Norfolk Va.
Location: Norfolk Va.

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

19 (a) JUL 20 1943 Huntington for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/19 1943, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to July 19 1943. and that I last saw h ER alive on July 19 1943.

Immediate cause of death

Duration

Arteriosclerotic Cardiovascular Renal — few yrs

Due to Dry Gangrene of Foot — 2 mos

Due to Hemorrhage — 3 days

Other Conditions Cardiac Stenosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Alex A Weinstock M. D.

Address: 4602 Park Heights Ave Date signed: 7/19/43

VS 150

Correct ages in figures. Occupations: if housewife, please write the causes of death clearly and legibly.

G 06474

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 93E

G 06474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 670 Sarahanna
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 670 Sarahanna (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel Parraway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49 48			hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary E. Parraway
15. Birthplace Md

16 (a) Informant Camilla Bevans
(b) Address 649 N. Paca

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-43 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary Cem
Location Ave A. Co Md

18 (a) Funeral director James A Davis
(b) Address 142 Wolfe St

19 (a) [illegible] (Signature of registrar) (b) Huntington Williams, M.D. Registrar
VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1943 to July 17 1943 and that I last saw [illegible] alive on July 17 1943

Immediate cause of death: Myocarditis — Duration: 6 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 734 Bond Date signed 7/19/43

Correct age is especially important. If unknown, please write the causes of death clearly and legibly.

06475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 06475

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 E Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth A Seeger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jay - 1 - 1877 | 6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 66 | Months: 6 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Charles Young
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs Edward Seeger
(b) Address: 2412 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 - 20 - 43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Mt Olive - Balto Md

18 (a) Funeral director: John E Miller Jr
(b) Address: 2425 E. Oliver St

19 (Filed) JUL 20 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July - 17 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1943 to July 17 1943 and that I last saw her alive on July 17 1943

Immediate cause of death: Hypertensive Cardio-Renal Vascular-
Due to: Arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration
5 Yrs
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: David Schweitzer
Address: 1101 N. Wheaton Rd Date signed: 7-17-43 M. D.

correct age is especially important—physicians please write the causes of death clearly and legibly.

YS 150

G 06476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G 06476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N. Belnord
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Belnord Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Blot Ramp

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8761

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. B. Blot Ramp

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June - 26 - 1882

8. AGE: Years 55 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Goldsboro Pa
(Town, county, and state)

10. Usual Occupation Tailoring

11. Industry or business Schloss Bros.

FATHER
12. Name Joseph Rothman
13. Birthplace Pa

MOTHER
14. Maiden Name Matilda Hissinger
15. Birthplace Pa

16 (a) Informant Mrs Mary B. Blot Ramp
(b) Address 633 N. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 21 - 43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem
Location North Ave Balto Md

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St
(c) Registrar Huntington Williams M.D.

JUL 20 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 17 - 1943 at 4:47 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1943 to July 17 1943, and that I last saw her alive on July 16 1943.

Immediate cause of death
Broncho-pneumonia
Carcinomatosis

Duration 2 days

Due to C. a. of uterus
Op. on Univ. of Md. Hospital - 1941

Duration July-1941

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: Carcinoma of uterus - 1941

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumrein M. D.
Address 722 N. Belnord Ave Date signed July 19/43

correct age is especially important — if unknown, state approximate; please write the causes of death clearly and legibly.

06477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 06437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 1023 Homewood Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Marie Green

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1943

8. AGE: Years | Months | Days: 23 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert H. Green
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Helen R. Maurer
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Helen R. Green
(b) Address 1023 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location — Belair Rd.

18 (a) Funeral director Calmes & Cadden & Son
(b) Address 924 E. Baltimore St.

19 (a) JUL 20 1943 (Date received) Registrar
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943, at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1943 to July 19 1943 and that I last saw her alive on July 19 1943.

Immediate cause of death: Diarrhea of Infancy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuelling
Address St. Joseph's Hosp. Date signed 7-19-43

G 06478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06478 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 105 S. Payson St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 105 S. Payson St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-3776

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Lilie nee Finis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	7	17		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Woodwork & metal

11. Industry or business Cabinet

FATHER 12. Name Henry T Baker

13. Birthplace Md

MOTHER 14. Maiden Name Sarah —

15. Birthplace Md

16 (a) Informant Mrs Mary Fogarty

(b) Address 105 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md

18 (a) Funeral director Henry A. Gilroy

(b) Address 4101 Edmondson Ave.

19 JUL 20 1943 (Date rec'd by local registrar) Huntington Williams M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1943 to July 17 1943 and that I last saw him alive on July 15 1943.

Immediate cause of death Hypertension cardio vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert Kermisch M. D.

Address 1934 W Mulberry Date signed 7/17/43

06479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 06479
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2248 Wilkens Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2248 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura E. Schanken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband ~~or wife~~ William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1890

8. AGE: Years	Months	Days	If less than one day
53	4	15	hr. min.

9. Birthplace Balto. Maryland
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business Own Home.

FATHER
12. Name John J. Morgan
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J. Burns
15. Birthplace Maryland

16 (a) Informant William Schanken
(b) Address 2248 Wilkens Ave.

17 (a) Burial (b) Date thereof 7/21/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Maryland

18 (a) Funeral director Harry A. Fitzke
(b) Address 4101 Edmondson Ave.

19 (a) JUL 20 1943
(Date rec'd by registrar)
(b) Registered by Huntington Hall Station, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to July 18 1943, and that I last saw her alive on July 17 1943.

Immediate cause of death Hypostatic Congestion
Cardiac Renal Insufficiency
Disease Diabetes Mellitus

Duration

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Hatch M. D.
Address 215 Walkers Ave Date signed July 19/43

G 06480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06480 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden ave
(c) Hospital or institution:
Maryland General Hospital Yes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. Flannery

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella M. Gerlach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1870

8. AGE: Years 72 | Months 10 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Richard Flannery
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hosp Records
(b) Address Madison Ave & Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Rd.

18 (a) Funeral director John J. Bowman & Son
(b) Address 90 Mullins St.

19 JUL 20 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18 1943 at 5:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1943 to 7/18 1943, and that I last saw him alive on 7/18 1943.

Immediate cause of death
Chronic Uremia
Obstruction
Due to Benign Prostatic Hypertrophy
Due to
Other Conditions Arteriosclerotic C.V. disease
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Dorsey Jr. M. D.
Address Md. Gen. Hosp. Date signed 7/19/43

VS 150

G 06481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 Scott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Alice L. Kannarman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15th 1882

8. AGE: Years 60 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name John F. Kannarman
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Keohan
15. Birthplace Ireland

16 (a) Informant Mrs Hattie O'Leary
(b) Address 106 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave

18 (a) Funeral director John J. Conway - Son
(b) Address 901 Hollins St

19 (a) JUL 20 1943 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th 1943 at 8:15 PM

21. I certify that death occurred on the date above stated, that attended deceased from May 10 1943 to July 18 1943, and that I last saw h[illegible] alive on July [illegible] 1943

Immediate cause of death (a) Cerebral Hemorrhage — Duration 15 days

Due to Arteriosclerosis

Due to Diabetes Mellitus

Due to Obesity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Trawler M. D.

Address 1111 Lee Date signed 7/20/43

VS 3

G 06482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95a

G 06482 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 S. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 S. Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline S. Shipps

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Aloma Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8th 1882

8. AGE: Years	Months	Days	If less than one day
61 60	2	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name August Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Anna Kappeler
(b) Address 1304 Sargent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John J. Leonard & Son
(b) Address 601 Hollins St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS JUL 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1943 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940. to July 19 1943 and that I last saw her alive on July 19 1943

Immediate cause of death: Auricular Fibrillation — Duration 3 yrs.
Due to: Hypertension. — 5 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work)
(e) Means of injury

23. Signature Thomas Keates
Address 517 Scott St. Date signed 7/20/43 M. D.

06483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 06483
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 E. 25th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ricksher

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Evelyn E. Ricksher
6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct 9. 1879

8. AGE: Years	Months	Days	If less than one day
63	9	9	hr. min.

9. Birthplace: Fairfield Iowa.
10. Usual Occupation: Medical Physician
11. Industry or business

MOTHER / FATHER
12. Name: Joseph Ricksher
13. Birthplace: Germany.
14. Maiden Name: Unknown
15. Birthplace: Ohio

16 (a) Informant: Evelyn E. Ricksher
(b) Address: 410 E. 25th St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: July 21, 1943 (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: City

18 (a) Funeral director: Mr. Mrs. John N. Trunkel Son
(b) Address: 801 W. Lafayette St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 20 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18 1943 at 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943, to July 1943, and that I last saw h alive on July 17 1943.

Immediate cause of death: Carcinomatosis

Due to: Carcinoma of [redacted] Pancreas

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: Carcinoma of Pancreas
of autopsy:

Duration	
	hrs. days
	months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hampton Hanson M. D.
Address: 25 E. Preston St. Date signed: 7/19/43

06484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G 06484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 York Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIOLA DIXON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	--	female	white	widow

6 (b) Name of husband or wife William Guinn Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1881

8. AGE: Years	Months	Days	If less than one day
62	0	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel E. Mackenzie
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Anna M. Rohlfing
(b) Address 4409 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
Address Balto., Md.

JUL 20 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1943, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 17 1943 and that I last saw h[illegible] alive on July 17 1943

Immediate cause of death

Due to Carcinoma of Liver — Duration 6 mos

Due to Chron Nephritis — Duration 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Leroy — M. D.
Address 4409 York Rd Date signed

over

06485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

G 06485 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Windsor Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

15-T

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213 - 05 - 9591

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/23/1882

8. AGE: Years	Months	Days	If less than one day
60	7	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore Transit Co.

FATHER
12. Name John Miller
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name --
15. Birthplace Germany

16 (a) Informant Mrs. Margaret M. Miller
(b) Address 2909 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 20 1943 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

VS 260

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to 7/18 1943 and that I last saw h alive on 7/18 1943.

Immediate cause of death Coronary Occlusion — Duration 8 hr.

Due to Chronic Glom. Nephritis — Duration 2 years

Due to

Other Conditions Uremia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Smith M. D.
Address 1223 E. North Ave. Date signed 7/19/43

G 06486
JL - 32566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

G 06486
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 N. Spring St. (If rooming house, room)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Franklin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Mary Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1874

8. AGE: Years	Months	Days	If less than one day
69	4	9 5	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Alexander Franklin
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Down
15. Birthplace N. Y.

16 (a) Informant B. of H. Records
(b) Address 4240 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location G. G. County Md.

18 (a) Funeral director Mrs. R. G. Elliott Daughter
(b) Address 1129 N. Carlton St.

JUL 20 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16- 1943 at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1943 to 7-16 1943.
and that I last saw h alive on 7-16 1943.

Immediate cause of death	Duration
Dehydration	7
Due to Gen. Arteriosclerosis	2
Due to Arteriosclerotic Gangrene Lt foot	2 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Kelly
Address Balto City Hosp Date signed 7-16-43

G 06487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Valley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Williams Wellein

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 214-01-7642

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Elizabeth E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 7-1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	10	11		

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Sales Manager
11. Industry or business:

FATHER
12. Name: Frank Wellein
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Tragesser
15. Birthplace: Baltimore

16 (a) Informant: Elizabeth E Wellein
(b) Address: 1215 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road

19 (a) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1941 to 7/18 1943, and that I last saw h[illegible] alive on 7/18 1943.

Immediate cause of death: Cardiac decompensation — Duration: 1 hr.
Due to: Myocardial failure — 3-4 yrs.
Due to: Hypertension — years (P.)
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [signature]
Address: 1304 E Chase St Date signed: 7/19/43 M. D.

Correct age is especially important. Physicians: please write plainly and use no abbreviations. Registrars: please see that all items are properly answered.

VS 168

G 06488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

G 06488

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 S Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Waryasz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Waryasz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1903.

8. AGE: Years 40 | Months 5 | Days 10 | If less than one day hr. min.

9. Birthplace Mississippi (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER
12. Name Casimir Gonczak
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant John Waryasz
(b) Address 730 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Orazewski
(b) Address 1930 Eastern Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JUL 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to July 1943.
and that I last saw h[illegible] alive on July 18 1943.

Immediate cause of death
(a) Ch. Nephritis
(b) Chr Myocarditis

Duration
(a) 5 yrs
(b) 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fulton L. Solomon

Address 129 S. Broadway Date signed 7/19/43 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98 150

G 06489 82558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G 06489 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

13

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 Etting St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5

3 (a) FULL NAME Amesse Fountleroy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Cornelia (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 12, 1887

8. AGE: Years	Months	Days	If less than one day
56	3	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Noah Fountleroy
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo B. Kelson
(b) Address 1303 Pleasant St Huntington Wilkerson, Md

19 (a) JUL 20 1943 (Date rec'd by registrar) (b)

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1943 to 7/19 1943. and that I last saw h alive on 7/19 1943.

Immediate cause of death Pulmonary TBC.

Duration
7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Hatt M. D.
Address Roth. Date signed 7/21/43

G 06490 G 06490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157E

Registered No. 38150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Chapel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Dennis ~~Galbraith~~ Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - 15 - 43

8. AGE: Years	Months	Days	If less than one day hr.	min.
	1	3		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Shipley
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Harner Lane

18 (a) Funeral director Wm. H. Valentine
(b) Address 2376 Aiken St

19 (a) JUL 20 1943 (Date rec'd by registrar) (b) Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 1030 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1943 to July 18 1943 and that I last saw alive on July 18 1943

Immediate cause of death: Subdural Hemorrhage and Pneumonia
Due to Poliencephalomyelitis
Due to Congenital Cyanotic Heart & Disease
Other Conditions

Duration: 24 hrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Results of autopsy: Negative for Congenital Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bromley L. Blumenthal M. D.
Address Johns Hopkins Hospital Date signed

G 06491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4408 Adelle Terrace.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4408 Adelle Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William D. Seamon.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Myrtle E. Seamon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23-1866

8. AGE: Years 77 | Months 5 | Days 2324 | If less than one day: hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Meat Merchant

11. Industry or business

FATHER
12. Name Wm. D. Seamon.
13. Birthplace Germany.

MOTHER
14. Maiden Name Zipkendorf.
15. Birthplace Germany.

16 (a) Informant Mrs. Myrtle E. Seamon.
(b) Address 4408 Adelle Terrace.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 20-43 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery.
Location Baltimore, Md.

18 (a) Funeral director Charles J. Schmidt.
(b) Address 505 N. Monroe St.

19 (a) Washington Williams, M.D. (Date rec'd by registrar) JUL 20 1943

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th. 1943. at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to July 17 1943.
and that I last saw him alive on July 17 1943.

Immediate cause of death Cerebral Embolism
Renal disease
Endocarditis: Mitral Insufficiency — Duration

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert G. Nitsch M. D.
Address 2151 Wellesley Date signed 7/19/43

Correct age if especially important. Physicians: please write the cause of death clearly and legibly.

06492
437898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 14

G 06492
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4645 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Earl
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 9-16-99

8. AGE: Years	Months	Days	If less than one day
43	10	2	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Henry Dixon
13. Birthplace Va.

MOTHER
14. Maiden Name Kate Johnson
15. Birthplace Va.

16 (a) Informant Charles Matthews
(b) Address 4645 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lou. M. Mallon
(b) Address 16 St Paul Street

19 (a) [illegible] (b) Huntington Williams Md

JUL 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 18 1943 and that I last saw her alive on July 18 1943

Immediate cause of death: ? Tbc. meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Bunningham M.D.
Address J.H.H. Date signed 7-18

G 06493

G 06493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BALTIMORE, MARYLAND
(c) Hospital or institution:
MERCY HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 25yo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Maryland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
MATTHEW WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Nancy L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1876

8. AGE: Years	Months	Days	If less than one day
67	4	9	hr. min.

9. Birthplace Decatur, Ga
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name	Robert White
FATHER — 13. Birthplace	Decatur Ga
MOTHER — 14. Maiden Name	Ada Cargo
MOTHER — 15. Birthplace	Decatur, Ga.

16 (a) Informant Nancy White
(b) Address 1727 Maryland Ave.
17 (a) Burial (b) Date thereof July 20, 1943
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Balto Co. Md.
18 (a) Funeral director Wm. Geo. A. Holland
(b) Address 1621 Druid Hill Ave
19 (a) [illegible] (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1943, at 2:30 P. M.

21. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary heart disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 7-16-43

VS 151

06494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 06494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Ave.
(c) Hospital or institution:
Baptist Home of Md. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave.
(If rural give location)
(e) Citizen of foreign country NO (Yes or No)
If yes, name country

3 (a) FULL NAME Marcellena Sullivan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1858

8. AGE: Years	Months	Days	If less than one day hr.	min.
95 84	3	--		

9. Birthplace (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Riggin
13. Birthplace unknown

MOTHER
14. Maiden Name Mary White
15. Birthplace unknown

16 (a) Informant Records, Baptis Home
(b) Address 1615 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 JUL 20 1943 Registrar for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943 to July 18 1943 and that I last saw him alive on July 18 1943

Immediate cause of death Pneumonia Lobar L. — Duration 2 days

Due to

Due to

Other Conditions Dementia Senilis — 6 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W R Johnson M. D.
Address 3008 Edmondson Ave. Date signed

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 180

G 06495

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 94a

Registered No. G 06495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL 4 1
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) NONE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Millersville Q.A.&C.
(c) City or town (If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN DALLAM WISE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	WIDOWED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 26, 1870

8. AGE: Years	Months	Days	If less than one day
72	11	26	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name ROBERT H. WISE
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARGARET A. BRISCOE
15. Birthplace MARYLAND

16 (a) Informant Dr. Walter D. Wise
(b) Address 8 Charlesgate Place

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

JUL 20 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 20 1943, at 3:34 M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 17 1943, to JULY 20 1943, and that I last saw him alive on JULY 20 1943.

Immediate cause of death: ACUTE CARDIAC FAILURE — Duration
Due to CARIAC ENFEEBLEMENT
Due to AGE AND CORONARY VASCULAR DISEASE
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F. Zangara, M. D.
Address Mercy Hospital Date signed 7/20/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

06496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 30

G 06496 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 S. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY KUES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	Married

6 (b) Name of husband or wife Henry Wm. Kues
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) August 23, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	11 10	25		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name John Arnold
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Henry Wm. Kues
(b) Address 528 S. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 JUL 20 1943 (Date received by Reg.) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1943, at 11:45 A M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940. to July 17 1943 and that I last saw him alive on 7-17 1943.

Immediate cause of death: Cerebral apoplexy — Duration 3 days.
Due to: Cerebral arteriosclerosis
Due to: Generalized arteriosclerosis
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Gould M. D.
Address 14 N. East ave Date signed 7-19-43.

VS 250

G 06497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G 06497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5601 O'Donnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5601 O'Donnell St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES F. DEMPSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8406

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Marie E. Dempsey
6 (c) If alive, give age 50 yrs.

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1894

8. AGE: Years	Months	Days	If less than one day
49	6	8	hr. min.

9. Birthplace Phoenix, Md.
(Town, county, and state)
10. Usual Occupation Asst. Foreman
11. Industry or business Continental Can Co.

FATHER
12. Name Samuel E. Dempsey
13. Birthplace Phoenix Md.

MOTHER
14. Maiden Name Katie E. Hoover
15. Birthplace Phoenix, Md.

16 (a) Informant Mrs. Marie E. Dempsey
(b) Address 5601 O'Donnell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cemetery
Location Baltimore County

18 (a) Funeral director A. Sander Parr
(b) Address North ave & Broadway

JUL 20 1943 Huntington Williams M.D.
(Local Registrar)

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943, at 11 20 M

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carcinoma of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-18-43

06498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. G 06498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Harlem ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 1904

8. AGE: Years 39 yr. | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland
(Town, county, and state)

10. Usual Occupation: Housemaid

11. Industry or business

FATHER
12. Name: Grant Winfield
13. Birthplace: Va.

MOTHER
14. Maiden Name: Francis Burman
15. Birthplace: Va.

16 (a) Informant: Edward A. Winfield
(b) Address: 2452 Flora St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location

18 (a) Funeral director: Adolphus Hall
(b) Address: 6 & Dak'd Welfare.

JUL 20 1943
(Date rec'd by Registrar)

(b) Registrar: Hunter Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-1943, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Masseis M.D.
Medical Examiner.
Date signed 7-19-43

G 06499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06499 Registered No. 1226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 S. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HATTIE COX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1898

8. AGE: Years 45 | Months - | Days 27 | If less than one day hr. min.

9. Birthplace Portsmouth, Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Jayer Cox
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Johnson
15. Birthplace Va

16 (a) Informant Myrtle Cox
(b) Address 17 S. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley

19 (a) (Date received by Registrar) (b) Huntington W. Williams Registrar

JUL 20 1943

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 11 25 P.M.

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Intestinal obstruction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Wallenwater M.D. Medical Examiner.
Date signed 7-17-43

M. D. B. 1360-9

G 06500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edwina Coleman

(a) Residence: No. 14 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	S

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 27/941

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Willie Coleman

14. BIRTHPLACE (city or town) Salisbury
(State or country) D.C.

MOTHER

15. MAIDEN NAME Alberta Carter

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Willie Coleman
(Address) 14 N. Bruce st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 7/19 19 43

19. UNDERTAKER Elroy Wilson
(Address) Brantley Inc

20. FILED JUL 20 1943 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1943

22. I HEREBY CERTIFY, That I attended deceased from 7-7 1943 to 7-17 1943

I last saw h alive on 7-17 1943 Death is said to have occurred on the date stated above, at 3 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd degree burns of chest, arms and face.	
Pulmonary edema.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury July 9 1943

Where did injury occur? 14 N. Bruce St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Burned by hot grease

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. P. Fondren M. D.

(Address) 1319 E. Fayette St.

Approved: Robert La Fetra M.D.

G 06501 #15 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 06501 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ Mos.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 228 N. Calhoun St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Coles

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	married

6 (b) Name of husband or wife Raymond Coles

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	4	28		

9. Birthplace Howard County Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Charles Dorsey

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Coates

15. Birthplace Md.

16 (a) Informant Bernice Cole

(b) Address Relia, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-43 (month) (day) (year)

(c) Cemetery or crematory Locust Chapel

Location Arbutus, Md.

18 (a) Funeral director F.C. Hyg Arbutus

(b) Address Elkridge City Md

19 JUL 20 1943 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1943 to July 18 1943, and that I last saw h[illegible] alive on July 18 1943.

Immediate cause of death Hypertensive Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions Cardiac Decompensation.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. H. Banfield M. D.

Address Provident Hospital Date signed 7-21-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

G 06502

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 46B

G 06502 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19da
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clayton L. Groft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of wife Alice Groft
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1908

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	11	16		

9. Birthplace Westminster, Md (Town, county, and state)
10. Usual Occupation State Roads Commission
11. Industry or business (Laborer)

FATHER
12. Name Clayton S. Groft
13. Birthplace Md.

MOTHER
14. Maiden Name Birdie Yingling
15. Birthplace Md.

16 (a) Informant Alice L. Groft
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1943 (month) (day) (year)
(c) Cemetery or crematory Westminster Cemetery
Location Westminster Md.

18 (a) Funeral director H. Bankard. Sons
(b) Address Westminster Md.

19 (a) JUL 20 1943 (b) (Date received by registrar) Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 20 1943 and that I last saw her alive on July 20 1943

Immediate cause of death
(a) Uremia
Due to Carcinoma of stomach

Duration 19 days Justifiable ation?

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert T. Keadle M. D.
Address University Hospital Date signed 7-20-43

G 06503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06503 Registered No. 107

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 Forrest St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Foote

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jeremiah Foote

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 85 yrs | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Unknown
15. Birthplace Robert "Roberts

16 (a) Informant Robert "Roberts
(b) Address 1128 E. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Robert H. Crowe
(b) Address 804 N. Caroline St

19 (a) (b) (Date must be registered)

JUL 20 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 18 1943 and that I last saw h[er] alive on July 18 1943

Immediate cause of death: Acute Bronchial Pneumonia — Duration: July 1 1943

Due to

Due to — Primary —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen
Address 121 Aliquippa St Date signed 7/20/43

G 06504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 06504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2330 Ocala Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2330 Ocala Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Weinberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Weinberg
13. Birthplace Russia

MOTHER
14. Maiden Name Lena
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43 (month) (day) (year)
(c) Cemetery or crematory Windsor Hill Rd.
Location Same

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balt St. Huntington Williams, Jr.

JUL 20 1943 (Date filed) Registrar

VS 140

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-43 19 , at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 to July 19 43 and that I last saw h alive on July 18 1943

Immediate cause of death Bronchial Asthma — Duration: 4 yrs
Due to — Duration: ?
Due to — Duration: ?
Other Conditions Myocardial fibrosis

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2904 Rees Rd Date signed 7/20/43

G 06505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06505
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green Spring + Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Green Spring + Belvedere Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Cronick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. 5. Color or race White 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frank.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 62 Months Days If less than one day hr min

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER 12. Name Frank Blumberg

13. Birthplace Russia

MOTHER 14. Maiden Name

15. Birthplace Russia

16 (a) Informant Ida Ackerman

(b) Address 1401 Eastern Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)

(c) Cemetery or crematory Lindale

Location Balto. Md.

18 (a) Funeral director Jos. Levin Sons

(b) Address 1729 East Baltimore St.

19 (a) JUL 20 1943 Washington, D.C.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 32 to July 20 1943 and that I last saw h alive on July 20 1943

Immediate cause of death Thrombosis of cerebral vessel.
Pneumonia.

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 11 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M. D.
Address Levindale Date signed

VS 150

BALTIMORE CITY HEALTH DEPARTMENT X G 06506 Registered No.

CERTIFICATE OF DEATH 166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Beechwood Rd. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME HILMA DELLERVA SCHRIVER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6. (a) Single, married, widowed or divorced: MARRIED

6 (b) Name of husband or wife: John Henry Schriver

6 (c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): October 30, 1917

8. AGE: Years 26 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace: Weirton, West Virginia (Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Herman Saxberg
13. Birthplace: Finnland

MOTHER
14. Maiden Name: Maria Hill
15. Birthplace: Finnland

16 (a) Informant: Mrs. E. L. Wilman
(b) Address: 1222 Beechwood Rd.

17 (a) Burial (Burial, cremation or removal) Date thereof: 7/22/43 (month, day, year)
(c) Cemetery or crematory: Oaklawn Cemetery
Location: Baltimore County

18 (a) Funeral director: Henry Sander & Sons, Inc.
(b) Address: North Ave. & Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 3:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bullet wound of abdomen

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury: July 17th, 1943 11:40 A.M.
(b) Where did injury occur? 1222 Beechwood Rd.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury: Shot

23. Signature: Robert L. Graham M.D. Medical Examiner
Date signed: July 20 1943

correct age is especially important. Physicians, please write the

06507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 06507
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 E. Fourth
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E. Fourth
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Clayton Barrett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1943

8. AGE: Years | Months | Days | If less than one day hr. min.
8

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James C. Barrett
13. Birthplace Murfreesboro Tenn

MOTHER 14. Maiden Name Alma L. Stacey
15. Birthplace Murfreesboro Tenn

16 (a) Informant John
(b) Address 2015 E. Fourth

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 20 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 20 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1943 to July 17 1943
and that I last saw him alive on July 17, 1943

Immediate cause of death: Central Hemorrhage — Duration 3 days
Due to Premature birth — 7 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac J. Stemples
Address 200 E. Fifth Date signed 7/21/43

VS 3

0254

6 06508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1042

6 06508 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Cookside Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Cookside Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Novak

3 (b) If veteran, name war —

3 (c) Social Security Account No —

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10 19 1[illegible]

8. AGE: Years | Months 9 | Days — | If less than one day: hr. | min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Andrew F. Novak
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary C. Moore ~~Morgan~~
15. Birthplace North Carolina

16 (a) Informant Mary E. Morgan
(b) Address 1536 Fulton Ave.

17 (a) [illegible] (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month, day, year)
(c) Cemetery or crematory Lorraine Park
Location

18 (a) Funeral director Chas. F. Dill
(b) Address 1001 E. Fort Ave.

(c) Huntington Williams, M.D. Registrar
(Local registrar)

JUL 20 1943

VR 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1943, at 8:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Upper Respiratory Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddrix M.D.
Medical Examiner

Date signed 7-19-43

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

06509

MJ-71369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1130

Registered No. 6 06509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Bay View Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 5 mos., 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Charles Ruzek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept. 18, 1905

8. AGE: Years 37 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

MOTHER | FATHER

12. Name Charles Ruzek

13. Birthplace Czechoslovakia

14. Maiden Name Mary Lopt

15. Birthplace Czechoslovakia

16 (a) Informant BALTIMORE CITY HEALTH DEPARTMENT

(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road.

18 (a) Funeral director Wm. Jerome Cook.

(b) Address 900 N. Chester St Balto Md

19 (a) 7-21-43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1943. at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943. to 7/20 1943 and that I last saw him alive on. 7/20 1943.

Immediate cause of death: Pneumonary Tuberculosis — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No post

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. L. Seligman M. D.

Address Balto. City Hosp. Date signed 7/22/43

G 06510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172

Registered No. G 06510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. General Hospital 24 H
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Light St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry V. Skowronski SKOWRONSKI
3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Joan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 2, 1912
8. AGE: Years 31 | Months 3 | Days 17 | If less than one day: hr. min.
9. Birthplace: Avoca Pa. (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: Valentine Skowronski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Agatha Jagodowski
15. Birthplace: Poland

16 (a) Informant: Joan Skowronski
(b) Address: 1525 Light St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 21/43 (month, day, year)
(c) Cemetery or crematory: St Peters Cemetery
Location: Avoca, Penna.

18 (a) Funeral director: Hayward J. Fleming
(b) Address: 1420 Light St.

19 (a) JUL 21 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943 at 10:35 AM

21. I certify that I took charge of the remains described above, held an Inquestion (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia from 1st & 2nd degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 19, 1943 1:10 P.M.
(b) Where did injury occur? Pier II S Pratt St
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial Plant (while at work) Yes
(d) Means of injury: Burned by fire on hold of ship

23. Signature: Robert Ed Gretzer M.D. Medical Examiner.
Date signed: July 20 1943

(over)

VS 181

06511 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06511

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 93d

CITY OF BALTIMORE: (No. 116 S. Calhoun St Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine R. McCormick — If U. S. Veteran specify WAR

(a) Residence: No. 116 S. Calhoun St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Peter J. McCormick

6. DATE OF BIRTH (month, day, year) Dec. 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Kirby

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Walters

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Edw. McCormick
(Address) 116 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date July 21 1943

19. UNDERTAKER Geo. L. Belger Jr
(Address) 1512 Hollins St

20. FILED JUL 21 1943 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1943 to July 18, 1943

I last saw her alive on July 18, 1943 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Haemorrhage	7 hrs
Arteriosclerotic Cardio-Vascular Disease	?

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? (Yes) If so, specify

(Signed) Carl P. Rostkey M. D.
(Address) 1314 W. Lombard St

WD 8

G 06512 AU- 82602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06512 146 C Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 157
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Corine Tempson (TIMPSON)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James Tempson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1898

8. AGE: Years 44 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Henry Leakins
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Washington, D. C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (b) Date thereof 7 21 43 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) (Date received by registrar) (b) Registrar

JUL 21 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17- 1943 at 1020 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1943 to 7-17 1943, and that I last saw her alive on 7-17 1943.

Immediate cause of death Cerebral Anoxemia — Duration 10 hours

Due to Vasomotor collapse following hemmorhage

Due to Uterine atony following delivery

Other Conditions Pregnancy full term delivered - by Sterectomy

Operation performed within 3 months? Blood Test?

Date of operation 7-17-43

Major findings of operation: Normal uterus poorly contracted.

of autopsy: not complete

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. R. Russell Jr.
Address Balto. City Hosp. Date signed 7-17-43 M.

436776
G 06513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 G 06513 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2610 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-20-98

8. AGE: Years 45 44 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Md (City, county, and state)
10. Usual Occupation Plasterer
11. Industry or business Unemployed

FATHER
12. Name Charles Hobbs
13. Birthplace Md

MOTHER
14. Maiden Name Mary Rose Hardesty
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) Filed JUL 21 1943 (b) Registrar, M. D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to July 20 1943 and that I last saw him alive on July 20 1943.

Immediate cause of death: Ca of bladder & extension to metastases — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None this adm.

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Sanziser M. D.
Address J. H. Hosp. Date signed 7/20/43

G 06514

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 06514
CERTIFICATE OF DEATH 1150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Ethan St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wilbert Coleman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/11/43

8. AGE: Years | Months: 5 | Days: 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Coleman
(b) Address 1315 Ethan St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel Co Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Dill Ave

19 (a) Date received by local registrar JUL 21 1943 (b) Registrar Huntington Williams M.D.

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1943 to July 19 1943, and that I last saw him alive on July 19 1943

Immediate cause of death: Peritonsillar abscess — Duration: 5 days

Due to

Due to

Other Conditions Dehydration & malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Hunt M.D.

Address Univ. Hosp. Date signed July 19

G 06515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

G 06515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 Arch St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Daisy Johnson
15. Birthplace Md.

16 (a) Informant Daisy Johnson
(b) Address 229 Arch St

17 (a) Burial (b) Date thereof 7/21/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Md. Calvary
Location Anne Arundel Co. Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) [illegible] Huntington Williams Md
(Signature of [illegible])

VS 288

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1943 at 10:20 M

21. I certify that death occured on the date above stated; that I attended deceased from July 16, 1943 to July 19, 1943 and that I last saw him alive on July 19, 1943.

Immediate cause of death

	Duration
Marasmus	1 mo
Due to Diarrhea	1 week
Due to Circulatory failure	1 hour
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Dehydration, Marasmus, Diarrhea

PHYSICIAN
Underline the cause to which death should be charged under

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Sharbo, M. D.
Address Univ. Hosp. Date signed 7-19-43

G 06516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Glyndon
(If outside city limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. [illegible] Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William F. Bauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1857

8. AGE: Years 55 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mr. Noah F. Cofield
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Myers
15. Birthplace Maryland

16 (a) Informant Mrs. G. C. Speed.
(b) Address Glyndon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 '43 (Month) (Day) (year)

(c) Cemetery or crematory Saint Pauls
Location Hanover Road upper Co. Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) (Date rec'd) JUL 21 1943 [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1943. at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1943 to July 20 1943, and that I last saw [illegible] alive on July 20 Day 43

Immediate cause of death C. R. failure — Duration

Due to Basilar Meningitis — 30 days

Due to Brain abscess — 24 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Brainabscess, Chronic [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Dellinger M.D.
Address Union Mem'l Hosp Date signed 7/20/43 M. D.

Correct age is especially important. Registrar must be notified of any

G 06517

BALTIMORE CITY HEALTH DEPARTMENT G 06517 (Transcript)

CERTIFICATE OF DEATH 13 a

Registered No.

correct age is especially important. Physician: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2316 E Thing

(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2316 E Thing St (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William A. Clark

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	218-05-9492	M	Col	married

6 (b) Name of husband or wife Alberta Clark 6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Mar - 1890

8. AGE: Years	Months	Days	If less than one day
53	4		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Baugh Chemical Co.

FATHER — 12. Name John Clark

13. Birthplace Balto. md

MOTHER — 14. Maiden Name Emma Jamison

15. Birthplace St. Mary's Co. md

16 (a) Informant Alberta Clark

(b) Address 2316 E Thing St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1943 (month) (day) (year)

(c) Cemetery or crematory St Peter's Cemetery Location Baltimore

18 (a) Funeral director V. Brooks

(b) Address 1463 N. Carey St

19 (a) (Date filed by registrar) JUL 21 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943, to July 20 1943, and that I last saw him alive on July 19 1943

Immediate cause of death

Chr. Myocarditis — Duration 4 yr

Due to Chr. Interstitial nephritis — 1941

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Alberta Clark

Address 1663 W. North Ave Date signed 7/30/43 M. D.

G 06518 ✓ G 06518 Transcript

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 N. Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N. Parrish St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Harry Horsey

3 (b) If veteran, name war No
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie M. Horsey
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Contractor

FATHER
12. Name Howard Horsey
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Johnson
15. Birthplace Md.

16 (a) Informant Elizabeth Horsey
(b) Address 1110 Parrish St.

17 (a) Burial (b) Date thereof July 21 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Jas Brooks
(b) Address 1463 N. Carey St

19 (a) JUL 21 1943 Huntington Williams Registrar
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-1943, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11-1943 to 7-15-1943 and that I last saw h — alive on 7-15-1943

Immediate cause of death Cardio-Renal-Vascular Disease — Duration 3 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George C. Boyce
Address 1816 N. Mount St Date signed 7-15-43

correct age is especially important. Registrars must see that the entries on death certificates are legible.

G 06519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 141D

G 06519
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Llewelyn Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BEATRICE RIDLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1927

8. AGE: Years 16 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name James A. Ridley
13. Birthplace Va

MOTHER
14. Maiden Name Catherine Henry
15. Birthplace Balto

16 (a) Informant Catherine Ridley
(b) Address 1757 Llewelyn Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JUL 21 1943 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 4:25 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Incomplete abortion

Due to

Other Conditions Acute suppurative endometritis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. L. Wollenmann M.D. Medical Examiner.
Date signed 7-17-43

VS 181

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06520 MJ-82606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160a

G 06520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Sterling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bailey, Baby Girl, "A"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1943

8. AGE: Years	Months	Days	If less than one day
		1	38 1/2 hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nolan Bailey
13. Birthplace Md.

MOTHER
14. Maiden Name Lavinia Dulter
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS) 4:05 A.M.

17 (a) Cremation (b) Date thereof July 14 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director Baltimore, Md.
(b) Address

19 JUL 21 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1943 at 7:[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1943, to 7-15 1943 and that I last saw her alive on 7-15 1943.

Immediate cause of death: a/w cranial hemorrhage — Duration 3 hrs.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Huntington Williams M.D.
Address Balto City Hosp. Date signed 7-16-43

Correct age is especially important. Physician: please write the cause of death carefully and legibly.

06521 MJ-82606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. G 06521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Sterling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bailey, Baby Girl, "B"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1943

8. AGE: Years | Months | Days | If less than one day: 8 hr. 14 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nolan Bailey
13. Birthplace Md.

MOTHER
14. Maiden Name Levinie Dulter
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Cremation (b) Date thereof July 19-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director Baltimore, Md.
(b) Address

19 (a) [illegible] (b) Huntington Williams, M.D.
(Date Rec'd by Local Reg.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1943 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1943 to 7-14 1943, and that I last saw her alive on 7-14 1943.

Immediate cause of death: Congenital Atelectasis — Duration: 8hrs & 14 min

Due to: Prematurity

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 7-19-43

G 06522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MJ-82635

G 06522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Parkville, (If outside city or town limits, write RURAL and give town)
(d) Street No. 7810 Bagley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1943

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Carolyn Brady
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS) 9:00 A.M

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 19-1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director Baltimore, Md.
(b) Address

19 (a) JUL 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16 1943 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1943 to 7-16 1943. and that I last saw him alive on 7/16 1943.

Immediate cause of death Intracranial hemorrhage — Duration 24 hours.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. P. Russell Jr. M. D.
Address Balto. City Hosp. Date signed 7-16-43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

G 06523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06523 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1401 McCulloh St.
(Informal give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Reeves

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1905

8. AGE: Years 37 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Newport News, Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Reeves
13. Birthplace Newport News, Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bessie Reeves
(b) Address 1401 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1943 (month) (day) (year)

(c) Cemetery or crematory Newport News, Va.
Location

18 (a) Funeral director Mrs. Lee A. Holland
(b) Address 624 Druid Hill Ave.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JUL 21 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1943, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1943, to July 19, 1943, and that I last saw him alive on July 17, 1943.

Immediate cause of death: Pneumonia (Lobar) — Duration: 3 days
Due to: Bronchitis — 1 wk.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature McDonald Bandy M. D.
Address 2425 Druid Hill Ave. Date signed 7-21-43

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. Be sure and correct age in especially important.

06524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

G 06524 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Annerlie (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Overbrook Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD BRUECK

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Mrs Edward Brueck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	10	20		

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Retired Chem. Eng.
11. Industry or business

FATHER 12. Name H. Peter Brueck
13. Birthplace New York

MOTHER 14. Maiden Name Friederika Hugger
15. Birthplace N.Y.

16 (a) Informant Matilda Brueck
(b) Address 504 Overbrook Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Baltimore, Md

18 (a) Funeral director Leonard J. Covington
(b) Address 21 W. 25th St

19 (a) (Date received by Registrar) JUL 21 1943 Huntington Williams, Registrar

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1943, at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1943, to 7-19 1943, and that I last saw h/m alive on 7-19 1943.

Immediate cause of death: Cardiorespiratory failure — Duration: 21 days
Due to: Coronary occlusion
Due to:
Other Conditions: Pott's Disease of Spine
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: Pott's Disease
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Herbst Jr. M. D.
Address Union Memorial Hosp. Date signed 7-19-43

M. D. B. 1200-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 06525

CERTIFICATE OF DEATH

G 06525

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY LAWSON

(a) Residence: No. Longfield Rd St., Ward. Somerset, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 30, 1942

7. AGE: Years | Months: 6 | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Longfield Md

FATHER

13. NAME: George H Lawson
14. BIRTHPLACE (city or town) (State or country): Longfield

MOTHER

15. MAIDEN NAME: Velda Jill Mc. Ayres
16. BIRTHPLACE (city or town) (State or country): Longfield Md

17. INFORMANT: George H Lawson
(Address): Md Somerset

18. BURIAL, CREMATION, OR REMOVAL
Place: Longfield Md Date: 7/19/43

19. UNDERTAKER: Maynard L Pennington
(Address): 21 W 23rd St Washington Heights, Md

20. FILED: JUL 21 1943, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-20-43 19

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1943, to 7-20, 1943

I last saw her alive on 7-20, 1943 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease
Patent interventricular septum
Patent foramen ovale
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. P. Friedman M. D.
(Address) 1319 Light St

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 06526

G 06526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Westwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Isaac

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Simon Rosenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Lipman
15. Birthplace Russia

16 (a) Informant Morris Isaac
(b) Address 2403 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21. 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUL 21 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1943 at 2.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to July 21 1943.
and that I last saw h alive on July 20 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1/2 hr
Due to Chronic Valvular Disease of the Heart	3 1/2 yrs
Other Conditions Arterio-Sclerosis	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael A. Strand M.D.
Address 2360 Eutaw Place Date signed 7/24/43

Huntington Williams, M.D.

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information is especially important.

G 06527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06527 / 94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 14
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ethel Brown
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1902

8. AGE: Years	Months	Days	If less than one day
41 46	6	25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Pool Room Attendant
11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace Va

MOTHER
14. Maiden Name Myra Easley
15. Birthplace Va

16 (a) Informant Ethel Brown
(b) Address 420 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Wm. Saturn Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by local registrar) JUL 12 1943 (Signature of local registrar) Wm. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17-43 1943 at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1943 to 7-17 1943, and that I last saw h. alive on 7-17 1943.

Immediate cause of death: Acute Coronary Occlusion — Duration: 1 hour

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Brownell M. D.
Address 844 N. Carey St. Date signed 7-19-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91c

G 06528

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Carey (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ROGERS, Homer

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Vera Moyer
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) JAN 12, 1923
8. AGE: Years 20 | Months 6 | Days 8 | If less than one day: hr. ..... min. .....
9. Birthplace Bowers, W. VA. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business .....

FATHER
12. Name John Rogers
13. Birthplace Bowers W. VA.

MOTHER
14. Maiden Name Vene Walters
15. Birthplace Bowers, W. Va.

16 (a) Informant hospital records
(b) Address .....

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 20. 43 (month) (day) (year)
(c) Cemetery or crematory Colupsa W. Va
Location Mt. [illegible] Va
18 (a) Funeral director Robert L Burks
(b) Address 1118 Hollins St
19 (a) (Date received) JUL 21 1943 (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 5:26 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1943, to 7-20 1943, and that I last saw h[illegible] alive on 7-20 1943.

Immediate cause of death: Septicemia — Duration: 7 days
Due to: Staphylococcus
Due to: .....
Other Conditions: endocarditis, pericarditis, multiple abscesses
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 7-21-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06529 JL - 82378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 d

G 06529 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Wasielewski (or) Stanislaw F. Wasielowski

3 (b) If veteran, name war: World War.
3 (c) Social Security Account No. 21 Tee 09-0295

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Apr. 5, 1891

8. AGE: Years	Months	Days	If less than one day
52 yrs	3	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Joe Wasielewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Wasielewski (Boracka)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location German Hill Rd.

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address Lombard & Ann Sts.

19 (a) Date received by Registrar JUL 21 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19 1943 at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/19 1943 and that I last saw him alive on 7/19 1943.

Immediate cause of death Aspiration Pneumonia; acute cardiac failure — Duration 2 d.

Due to Arteriosclerotic C-V disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M.D.
Address Balto. City Hosp. Date signed 7/19/43

G 06530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 G 06530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 E. Hamburg (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Di Blasi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1942

8. AGE: Years	Months	Days	If less than one day
0	8	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank J. Di Blasi
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Concetta Bruce
15. Birthplace Baltimore, Md.

16 (a) Informant Frank J. Di Blasi
(b) Address 37 E. Hamburg St (Grafton)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22nd 1943 (Month) (Day) (Year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400 E. Oliver St.

19 (a) (Date rec'd by registrar) (b) Huntington Wilkerson, M.D. Registrar

JUL 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1943, to July 20 1943, and that I last saw [illegible] alive on July 20 1943.

Immediate cause of death Acute gastro-enteritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Luchato M. D.

Address South Balt. Gen. Hosp. Date signed July 20, 1943

G 06531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 469

G 06531 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Fayette
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Liberty Heights (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Barbara Catherine Haugh (Barbara Catherine Haugh)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: Charles E. Haugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/43 1862

8. AGE: Years: 81 | Months: 3 | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER
12. Name Henry Mihm
13. Birthplace Germany
14. Maiden Name Lizette Kersch
15. Birthplace Germany

16 (a) Informant Albert C. Haugh
(b) Address 3911 Juniper Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 21 1943 (Date rec'd by registrar)

Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1943 to July 20 1943, and that I last saw her alive on July 17 1943.

Immediate cause of death: Carcinoma Head Pancreas with

Due to: Complete obstruction of common bile duct.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 0

Major findings of operations:

of autopsy: Ca Head of Pancreas

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion K. Sherbell Jr. M. D.
Address Mercy Hosp. Date signed 7/20/43

Certificate of death is especially important. Physicians: please write the causes of death clearly and legibly.

06532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06532
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hardow
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. EDLAE COOLEY (EDLOE WELBOURN COOLEY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Capt Hollis Cooley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, [illegible] (1881)

8. AGE: Years	Months	Days	If less than one day hr.	min.
(61)- [illegible]	7	2		

9. Birthplace Maryland - Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Welbourne
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy Armstead (Armistead)
15. Birthplace Virginia

16 (a) Informant Husband.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July (month) (day) 1943 (year)
(c) Cemetery or crematory U. S. Naval Academy
Location Cemetery - Annapolis, Maryland.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 105 W. North Ave (William F. Wooden)

JUL 21 1943
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1943 at 6 38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1943 to July 20 1943 and that I last saw h alive on

Immediate cause of death: Cardio - Respiratory failure — Duration

Due to Pulmonary metastases of Breast Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Hesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 7-20-43

VS 180

LG 06533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06533 Registered No. 132

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3800 Woodhaven Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Woodhaven Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Hadassa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Aaron
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial Park
Location Lang

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 21 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-43 19 , at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/43 to 7/20/43 and that I last saw h alive on 7/20 19 43

Immediate cause of death Uremia — Duration 2 wks

Due to Malnutrition — 2 mos

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Levy
Address 1601 N. Broadway Date signed 7/21/43 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06534 4 36844

BALTIMORE CITY HEALTH DEPARTMENT X G 06534 Registered No.

CERTIFICATE OF DEATH 562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Chester (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 MARKET ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID GORDON

3 (b) If veteran, name war | 3 (c) Social Security Account No. M

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Shirley
6 (c) If alive, give age: 24 years

7. Birth date of deceased (mo., day, yr.): 5-13-11

8. AGE: Years: 32 | Months: 2 | Days: 8 | If less than one day: hr. min.

9. Birthplace: VA (Town, county, and state)

10. Usual Occupation: MERCHANT

11. Industry or business

FATHER
12. Name: HYMAN GORDON
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: Rebecca Perel
15. Birthplace: RUSSIA

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial, cremation, or removal: Burial (b) Date thereof: 7-24-43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Sinai
Location

18 (a) Funeral director: Jack Levine Inc
(b) Address: 1439 E. Baltimore St. (Mailing for Notification)

19 (a) (b) Registrar

JUL 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943 at 6:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1943 to July 21 1943, and that I last saw him alive on July 21 1943.

Immediate cause of death: Pneumonia
Due to: Hypostatic Lung Abscess (Benign)
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: June 1943
Major findings of operation: None
of autopsy: June

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature: J. Pearson M. D.
Address: J. Hosp. Date signed 7-21-43

G 06535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06535
Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Pl.
(c) Hospital or institution:
Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1955 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Leonard

3 (b) If veteran, name war –

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John H. Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1878

8. AGE: Years 64 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Henry Geisel
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Raymond H. Leonard
(b) Address 1906 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick H. Cole
(b) Address 1700 W. Lanvale St.

19 (a) JUL 21 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1943 to 7/18 1943, and that I last saw her alive on 7/20 1943.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M.D. M. D.
Address 2020 Wilkens Date signed 7/21/43

correct age if especially important. Physicians: please write the cause of death plainly.

G 06536 MJ-82670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06536 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Weber

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1883

8. AGE: Years	Months	Days	If less than one day
60 +59	10	2	hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Richter
15. Birthplace Baltimore

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Frederick A. Doll
(b) Address 1707-09 N. Lombard St.

19 (a) JUL 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1943 at 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/16 1943 to 7/17 1943.
and that I last saw him alive on 7/17 1943.

Immediate cause of death
Cerebral vascular accident — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Weber M. D.
Address B.C.H. Date signed 7/18/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

Registered No. G 06537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 937 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Malissia Jones. Malissia Mae Jones.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, ~~widowed~~ ~~divorced~~: Coley B. Jones

6 (b) Name of husband or wife: Coley B. Jones.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May 22. 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	1	22		

9. Birthplace North Carolina (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jno. Waterfield.
13. Birthplace North Carolina

MOTHER
14. Maiden Name Malissia Carbell
15. Birthplace North Carolina

16 (a) Informant Coley B. Jones
(b) Address 937 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Washington Road

18 (a) Funeral director Jno. J. Kenny
(b) Address 608 Hollins St.

19 (a) (Date rec'd by registrar) JUL 21 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/19/43 19 .. at 1.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to July 19 1943, and that I last saw ~~he~~ alive on July 19 1943;

Immediate cause of death: Carcinoma of Cervix — Duration 1 year.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. Saruhin, M.D. SARUBIN, M.D.
Address 2128 W. North Ave. Date signed 7/19/43

VS 380

G 06538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 06538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1932 Hope St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 Hope St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wm. Keiser

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Barbara Keiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23rd, 1855

8. AGE: Years	Months	Days	If less than one day
88	2	27	hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Keiser
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Holland

16 (a) Informant Mrs. Edna Willen
(b) Address 1932 Hope St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month, day, year)

(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director G. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

JUL 21 1943 (b)
(Date received by local registrar) Registrar

VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 20 1943, and that I last saw him alive on July 19 1943.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B. Smith M. D.
Address 1312 North Ave Date signed 7-21-43

Effect age is especially important. Physicians: please write the causes of death clearly and legibly.

2 Transcripts G 06539 Mail to 2124 Annapolis Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 06539 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 Annapolis Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Annapolis Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca M. Imhof

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Conrad Imhof
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
64.	10.	3.		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name George A. Imler
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Conrad Imhof
(b) Address 2124 Annapolis Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 / 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Mamie Cook Byers
(b) Address 1600 Harlem Ave Baltimore, Md

JUL 21 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1943, to July 20 1943, and that I last saw h[illegible] alive on July 20 1943.

Immediate cause of death
Pulmonary Edema — Duration 1 day

Due to Coronary Thrombosis — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schofield M.D.
Address 230 E Ames Date signed 7/20/43

VS 3

AD 02578 G 06540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

G 06540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Glen Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mattie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15- 1878

8. AGE: Years 65 | Months - | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Basil Hall
13. Birthplace ?

MOTHER
14. Maiden Name Julia ? (Race)
15. Birthplace Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUL 21 1943 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1943. at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1943. to 7/20 1943. and that I last saw him alive on 7/20 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seymour M.D.
Address Balto. City Hosp. Date signed 7/24/43

VS 150

BG 06541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1226

Registered No. 06541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town) Rural
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Rose A Case

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name JAMES D. CASE
13. Birthplace WESTMINSTER, MD.

MOTHER
14. Maiden Name MARY ZENTGRAF
15. Birthplace WESTMINSTER, MD.

16 (a) Informant
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-24-43 (month) (day) (year)
(c) Cemetery or crematory ST. JOHNS
Location WESTMINSTER, MD.

18 (a) Funeral director H. BANKARD & SON
(b) Address WESTMINSTER MD.

(Signature of local registrar) Huntington Williams M.D. Registrar

JUL 23 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/43 19 . at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1943 to 7/21 1943, and that I last saw her alive on 7/21 1943.

Immediate cause of death Post op. deaths

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/14/43

Major findings of operation: Volvulus & gangrene of sigmoid

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address Md. General Date signed 7/21/43

G 06542
AB-82581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93c

G 06542
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Leaverton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rocco Vonelli

3 (b) If veteran, name war

3 (c) Social Security Account No. 179-07-2133

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20 1911

8. AGE: Years	Months	Days	If less than one day
32	11	1	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Electric Helper

11. Industry or business Bethlehem Steel Co. Key Hwy

FATHER
12. Name Phillip Vonelli (D)
13. Birthplace Italy

MOTHER
14. Maiden Name Elizabeth ? (D) Uarna
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Rosato Pa.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

JUL 22 1943 Huntington Williams M.D. Registrar
VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1943 at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1943 to 7/24 1943, and that I last saw him alive on 7/21 1943.

Immediate cause of death Prob. cerebral embolism

Due to Rheumatic C-V disease & arr. fibrillation 7-Dys.

Due to

Other Conditions Prob. subacute bac. endocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No part

Duration
—
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seigman M.D.
Address Balto City Hosp. Date signed 7/24/43

G 06543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06543 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn, New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 238- 13th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES JORGENSEN

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No. 073-12-7655

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1890

8. AGE: Years 52 | Months 7 | Days 10 | If less than one day: hr. min.

9. Birthplace Riga, Russia (Town, county, and state)
10. Usual Occupation Boatswain
11. Industry or business Merchant Seaman

FATHER
12. Name John Jorgenson
13. Birthplace Riga, Russia

MOTHER
14. Maiden Name Louise Osas
15. Birthplace Riga, Russia

16 (a) Informant Records, U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21/43 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'donnell St.

18 (a) Funeral director Lilly and Geiler INC.
(b) Address 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) JUL 22 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1943 at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1943 to July 20, 1943. and that I last saw him alive on July 20, 1943.

Immediate cause of death Generalized sero-fibrinous peritonitis — Duration several days

Due to Advanced adeno carcinoma of the stomach — Onset first noticed 3/10/43

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/17/43-Exploratory laparotomy

Major findings of operations Carcinoma of stomach, inoperable

If autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Brain M. D.
Address Baltimore, Md. Date signed 7/20/43

MS-46237

G 06544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 06544
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4505 St. George Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4505 St. George Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Gladys McGee Drye

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, '05

8. AGE: Years	Months	Days	If less than one day
38	-	7	hr. min.

9. Birthplace Wilmington, N. C.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Jeremiah McGee
13. Birthplace N. C.

MOTHER
14. Maiden Name Rosa Jones
15. Birthplace N. C.

16 (a) Informant Mrs Rosa McGee
(b) Address 635 W. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 22 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, '43 19 , at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20/ 1943. to 7/20/ 1943.
and that I last saw her alive on 7-19- 1943.

Immediate cause of death
Cerebral Hemorrhage — Duration 1 day
Due to
Essential Hypertension — 3 yrs.
Due to

Other Conditions
Syringomyelia & Diabetes
(Including pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos Woodward Stripling M. D.
Address 715 Madison Ave Date signed 7/21/43

G 06515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

G 06515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Raynor Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Haley Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1936

8. AGE: Years	Months	Days	If less than one day
7	5	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Henry Haley Sr.
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Faaske
15. Birthplace Balto. Md.

16 (a) Informant Mrs Mary Haley
(b) Address 1809 Raynor Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery Western
Location Balto. Md.

18 (a) Funeral director William Bork Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 22 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1943, at 12.30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH

Fractured skull

Due to

Other Conditions Crushed chest, contusion of Brain

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 20-2

(a) Date of injury 7-21-43 at 12.30 P. M.
(b) Where did injury occur? Franklin St., P & R.R.
(c) Did injury occur at home, on farm, industrial place, in public place? Public Whilp at work? Yes
(d) Means of injury Struck by railroad Train

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 7-20-43

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

065 96

065 96 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Crawford Retreat St. 48a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR

2. FULL NAME Hattie Dale Billings 16

(a) Residence: No. 650 N. Fulton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Billings

6. DATE OF BIRTH (month, day, year) Aug. 21, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Renova, Pa.

FATHER

13. NAME A. B. Graham

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Alverna Harvey

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Harry Billings

(Address) 650 N. Fulton Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Western Cem. Date 7/23/43

19. UNDERTAKER WM. J. TICKNER & SONS

(Address) Baltimore, Md.

20. FILED , 19

Registrar

JUL 22 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1943 to July 21, 1943

Last saw h[illegible] alive on July 21, 1943. Death is said to have occurred on the date stated above at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1942
Diabetes Mellitus	

Was an operation performed? Yes Date of Dec 1942

For what disease or injury? Carcinoma of Breast

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel D. Moll M. D.

(Address) 133 [illegible] North Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Maternity Home

(c) Hospital or institution: Md. Gen. Hosp. 3/15/43 7/21/43

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town Severn Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lena Ray Clark (Lena Louise Clark)

3 (b) If veteran, name war --

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Robert Lee Clark, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/5/1900

8. AGE: Years 43 Months 8 Days 16 If less than one day hr min

9. Birthplace Md (Severn) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William A. Ray

13. Birthplace Severn, Md.

MOTHER 14. Maiden Name Rachel Gardiner

15. Birthplace Severn, Md.

16 (a) Informant Mr. Robert Lee Clark, Sr.,

(b) Address Severn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)

(c) Cemetery or crematory Friendship Cem. A. A. Co., Md.

Location

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 ~~JUL 22 1943~~ (b) Huntingtown, Md. ~~Prince Georges~~

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1943 at 8:05 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 3/15 1943 to 7/21 1943. and that I last saw h alive on 7/21 1943.

Immediate cause of death Coronary thrombosis

Due to Chronic myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/14/39

Major findings of operation: Fibroma of uterus

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. J. McKinney M.D.

Address Md. Rt. 2 Box Date signed 7/21/43

G 06518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

G 06518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harry A. Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1891

8. AGE: Years 52 | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Johnson
13. Birthplace Md

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dowayne Addison
(b) Address 1004 Wilcox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 22 (day) 43 (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Ln.

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943 at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1943 to July 18 1943. and that I last saw h[illegible] alive on July 18 1943

Immediate cause of death Pyonephrosis — Duration 37da

Due to Urobasis, Cystitis, Urethritis

Due to Ischorectal + sentalabcess

Other Conditions Spontaneous rupture infected hematoma.

(Include pregnancy within 3 months of death)

Date of operation 6-12-43 - Drainage of hematoma 6-20-43 Incision + drainage of ischorectal abscess

Major findings of operation: Infected hematoma - abdominal wall

of autopsy: Pyonephrosis; Cystitis, Ulcerative [illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Thyamoung M.D.

Address St. Joseph Hosp. Date signed 7/22/43

G 06519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 06519
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
a. State Md (b) County
c. City or town Baltimore (If outside city or town limits, write RURAL and the county)
d. Street No. 657 W Pratt St (If rural give location)
e. Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Stevens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Gypsy | 6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 30-1942

8. AGE: Years | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Pedro Stevens
13. Birthplace Ala

MOTHER
14. Maiden Name Lena Stevens
15. Birthplace N. York

16 (a) Informant Father
(b) Address 657 W Pratt St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 22 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Casimates Sons
(b) Address 602 Wash. Blvd

19. (a) [illegible] 1943 (b) Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1943 at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1943 to 7/21 1943 and that I last saw him alive on 7/21 1943

Immediate cause of death: Circulatory and respiratory failure — Duration
Due to Pneumonia
Due to and Sepsis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David R. Wagan M. D.
Address U Hosp. Date signed

VS 150

G 06550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06550 ✓ Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 N. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) — 16
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lewis

3 (b) If veteran, name war — (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Married

6 (b) Name of husband or wife Emmeline — 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	8			

9. Birthplace Lancaster Co, Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Isaac Lewis
13. Birthplace Va
14. Maiden Name Louisa —
15. Birthplace Va

16 (a) Informant Presley R. Lewis
(b) Address 608 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co
Location

18 (a) Funeral director Geo. E. Keloan
(b) Address 1303 Brentman St

19 (a) (Date rec'd by Registrar) 7-23-1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1943 to 7/20 1943, and that I last saw h[illegible] alive on 7/20 19 43

Immediate cause of death	Duration
Chr Nephritis & Uremia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Hugh Clark M. D.
Address 1320 D St Date signed

VS 1

G 06551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene + Redwood.
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a Co Md
(c) City or town Georgetown a a Co Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country a a Co Md

3 (a) FULL NAME Mamie Hebron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1889

8. AGE: Years 53 | Months 9 8 | Days 7 | If less than one day hr. min.

9. Birthplace a a Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Slater
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Moses Hebron
(b) Address Georgetown a a Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22/43 (month) (day) (year)
(c) Cemetery or crematory Mount Hope
Location Prince George Co Md

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 06 N. Montgomery St

19 (a) 7-22-1943 Thurlington Williams (Date received by Registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943 at 5 29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1943 to July 19 1943 and that I last saw her alive on July 18 1943.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to

Other Conditions Hypertension, Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Chronic nephritis heart

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. B. Hagan
Address Univ. Hosp. Date signed 7/19/43

G. 06552 ✓ BALTIMORE CITY HEALTH DEPARTMENT × G. 06552

CERTIFICATE OF DEATH 128

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Hanover
(c) Hospital or institution: Md. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Harmans Hanover, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Rd. Box 119 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Dorothy L. Ford
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Edgar R. Ford
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) June 7 1902

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	1	13		

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert W. Robinson
13. Birthplace Westfield Mass

MOTHER
14. Maiden Name Laura M. Heistand
15. Birthplace Pa

16 (a) Informant Edgar R. Ford
(b) Address Ridge Road, Harmans Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location A-A Co. Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) JUL 22 1943 (Date received by local registrar) Registrar Williams, M.D. (Signature of local registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1943, at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 1943, to 7/20 1943, and that I last saw her alive on 7/20 1943.

Immediate cause of death: Acute pancreatitis — Duration

Due to

Due to

Other Conditions Chron. cholecystitis with lithiasis
(Include pregnancy within 3 months of death)

Date of operation 7/19/43

Major findings of operation: Abd. section

of autopsy: Acute hemorrhagic pancreatitis (finally)

PHYSICIAN
Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Raynor M. D.
Address Md. Gen'l. Hosp. Date signed 7/20/43

G 06553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

G 06553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 Bradley St.
(c) Hospital or institution: St. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Bradley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond Lee Savoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-36

8. AGE: Years	Months	Days	If less than one day: hr.	min.
7	1	4		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Raymond Savoy
13. Birthplace Md.

MOTHER 14. Maiden Name Hattie Lee
15. Birthplace Md.

16 (a) Informant Hattie Lee
(b) Address 727 Jordan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Local registrar) (b) Huntington Williams M.D. Registrar

JUL 22 1943

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1943 at 7:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 17 1943 to July 17 1943 and that I last saw [illegible] alive on 19

Immediate cause of death
(a) Asthma, Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 6 mos 17

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 747 Fremont Ave. Date signed 7/22/43

G 06554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195E Registered No. G 06554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Bonns Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Herbert Jenkins
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Juvenia Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1896

8. AGE: Years	Months	Days	If less than one day
47	4	18 17	hr. min.

9. Birthplace East New Market Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name
13. Birthplace —

MOTHER
14. Maiden Name Boddie —
15. Birthplace East New Market, Md.

16 (a) Informant Beatrice King
(b) Address 1112 Bonns Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUL 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19- 1943, 10:45 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Broken neck
Due to Fractured 2-3-4 th. Cervical Vertebrae
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-19-43 at 9:45 A M.
(b) Where did injury occur? Old Fed. Rd. & Edmondson Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Crushed Injury, knocked down by car on head.

23. Signature [illegible] J. Maddrey M.D. Medical Examiner.
Date signed 7-20-43

VS 181

G 06555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 06555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Vollmer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20 1878

8. AGE: Years 65 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Charles Vollmer
13. Birthplace Balto.

MOTHER
14. Maiden Name Emma Geiger
15. Birthplace Boston. Mass.

16 (a) Informant Annie Snyder
(b) Address 1714 E. Pratt St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location E. end of North Ave.

18 (a) Funeral director M. W. E. Dykes & Son
(b) Address 1200 Bond & Aisquith Sts.

JUL 22 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 21 1943 and that I last saw h[illegible] alive on July 21 1943.

Immediate cause of death
General Arteriosclerosis
Chr Myocarditis

Duration 1 yr
1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature Nelson L. Solomon

Address 129 S. Bway Date signed 7/22/43

VS 150

G 06556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47W

G 06556

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 N. Caroline St.
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Castle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Doescher.

3 (b) If veteran, name war World War I.

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Metal Plater

FATHER
12. Name John Doescher
13. Birthplace Germany.

MOTHER
14. Maiden Name Amalia Neumann
15. Birthplace Germany

16 (a) Informant Mrs Roger Wood
(b) Address 2531 Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Oliver

JUL 22 1943 (b) Huntington Williams M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1943 at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20-43 to 7-20 1943 and that I last saw him alive on 7-20 1943

Immediate cause of death
Strangulation
Due to Obstruction to trachea
Due to Metastatic carcinoma of larynx.
Other Conditions

Duration 3 hrs.

(Include pregnancy within 3 months of death)
Date of operation May-2-43
Major findings of operation Biopsy - Carcinoma of Larynx
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Klemmer M.D.
Address St. Joseph Hosp Date signed 7-22-43

G 06557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 171 Meador Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude E. Morgan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Ralph W. Morgan
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 11 — 1896

8. AGE: Years	Months	Days	If less than one day
46 47	11	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Chas Schmidt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Bauman
15. Birthplace Bel Air

16 (a) Informant Henry Stein
(b) Address 2427 W. Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 (month) (day) (year)
(c) Cemetery or crematory Westland Cem
Location City

18 (a) Funeral director Wm H. Fennell Home
(b) Address 2004 E. Baltimore
(Date received by registrar) JUL 22 1943 (b) Handwriting for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 21 1943, and that I last saw him alive on July 21 1943.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular disease	
Due to	
Due to	
Other Conditions Diabetes Mellitus, Pulmonary Infarction (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul G. Lukato M. D.
Address South Bell. Gen. Hospital Date signed July 24/43

G 06558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 N Patterson Park
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 931 N Patterson Park (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A Deane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jacob Deane

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 28 / 1865

8. AGE: Years 78 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Wm Sauers
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Mary E Rainbrecht
(b) Address 5806 Midwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans

19 (a) JUL 22 1943 (Date received by Registrar) (b) Registrar for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1943 to 19 and that I last saw her alive on July 20 1943.

Immediate cause of death: Coronary Thrombosis — Duration 2 days

Due to Hypertensive Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Fretcher M. D.
Address 12 E Eager St Date signed 7/21/43

VS 180

G 06559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

G 06559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
The Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 1/3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara H. Deakyne

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife George A. Deakyne

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18th 1860

8. AGE: Years 83 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Denton, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Horsey
13. Birthplace Laurel, Del.

MOTHER
14. Maiden Name Louisa Moore
15. Birthplace Laurel, Del.

16 (a) Informant Mrs. E. Wharton
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-1943 (month) (day) (year)

(c) Cemetery or crematory Denton
Location Caroline County, Md.

18 (a) Funeral director J. Fred Lehmer & Sons
(b) Address North Pennsylvania Ave.

19 (a) (Date received by registrar) (b) Registrar

VS Form 2 JUL 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 11 65 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1928, to July 21st 1943, and that I last saw h-r alive on July 21st 1943.

Immediate cause of death
Bronchial Pneumonia
Arteriosclerotic Degeneration — Duration 4 days

Due to
Arteriosclerosis — Duration 11 years

Due to

Other Conditions Hypertension — Duration 10 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad M.D.
Address 11 E. Chase St. Baltimore, Md. Date signed 7/22/43

Fee

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mistakes cannot be removed, WITH UNFADING INK.

G 06560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 114 D

G 06560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard between Eto

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 / mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(b) City or town Stemmers Run Md.

(If outside city or town limits, write RURAL, and give town)

(d) Street No. Stemmers Run Road

(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3 (a) FULL NAME John H. Mohr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-03-8365

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katie Mohr

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	5	6		

9. Birthplace Baltimore, Co. Maryland (Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Eastern Mills

FATHER

12. Name Henry H. Mohr

13. Birthplace Baltimore Co. Md

MOTHER

14. Maiden Name Caroline Arehn

15. Birthplace Balto Co. Maryland

16 (a) Informant Mrs John H. Mohr

(b) Address Stemmers Run Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 43 (month) (day) (year)

(c) Cemetery or crematory Zion Lutheran

Location Stemmers Run Md.

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7401 Belair Road

19 (a) 7 22 1943 (Write No. 6 by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1943, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1943, to 7-21 1943, and that I last saw him alive on 7-21- 1943.

Immediate cause of death Pulmonary hemorrhage

Due to Lung abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
four

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. D. Jenkins

Address University Hosp Date signed 7/22/43

VS 130

G 06561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06561 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1256 Hargest Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Phoebus

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1st 1942

8. AGE: Years	Months	Days	If less than one day
	7	19	hr. min.

9. Birthplace Bucks, Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harland Phoebus
13. Birthplace Somerset Co. Maryland

MOTHER
14. Maiden Name Alberta Bradley
15. Birthplace Baltimore Maryland

16 (a) Informant Mr. Harland Phoebus
(b) Address 1256 Hargest Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Leadum Funeral Home
(b) Address 7401 Belair Road
Filed July 22 1943

19 (a) (Date rec'd by registrar) (b) Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1:30 PM 7/20 1943 to 5 PM 7/20 1943 and that I last saw h[er] alive on 7/20 1943.

Immediate cause of death: (a) Respiratory Failure — Duration
Due to: (b) Bilateral Pneumonia
Due to: (c)
Other Conditions Mongolism

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Tunney M.D.
Address Mercy Hospital Date signed 7/22/43

S-06562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. S-06562 / 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 424 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Janie Bowman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Hilliam
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 7/1884

8. AGE: Years 54 | Months 4 | Days 14 | If less than one day: hr. min.

9. Birthplace Cheraw, S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Segues
13. Birthplace South Carolina

MOTHER
14. Maiden Name Elizabeth Meldon
15. Birthplace South Carolina

16 (a) Informant Ada Morris
(b) Address 424 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs Emma A. Hudson
(b) Address 1691 Pennsylvania Ave

19 (a) (b) Huntington Williams, M.D. Registrar

JUL 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1943, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to July 18 1943.
and that I last saw her alive on July 18 1943.

Immediate cause of death: Cardiovascular Disease + Nephritis. — Duration: 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. T. Julian Jr. M. D.
Address 511 N. Stricker St. Date signed 7/22/43

G 06563 G 06563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Gebhardt

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-0434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1888

8. AGE: Years	Months	Days	If less than one day
55	4	12	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER 12. Name JOHN GEBHARDT

13. Birthplace GERMANY

MOTHER 14. Maiden Name KATHERINE BENNING

15. Birthplace GERMANY

16 (a) Informant MRS. MARIE BRADY

(b) Address 3218 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (month) (day) (year)

(c) Cemetery or crematory TRINITY

Location O'DONNELL ST

18 (a) Funeral director Laura E. Hoffman

(b) Address 1639 Pennsylvania Ave Huntingdon Williamsport, Md

JUL 22 1943 (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943, at M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture 5th & 6th cervical vertebrae

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury July 15 or 1943 12:00 P. M.

(b) Where did injury occur? Harwood Park - Dundalk Md.

(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No

(d) Means of injury Fractured 5th & 6th cervical vertebrae due to dive in shallow water

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed 7/19/43

VS 181

G 06564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 938

G 06564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles S. West

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20-1873

8. AGE: Years	Months	Days	If less than one day
69	7	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none Cutter Nurseman
11. Industry or business

FATHER
12. Name ? Not Known
13. Birthplace Balto Md

MOTHER
14. Maiden Name ? Not Known
15. Birthplace Balto

16 (a) Informant Etta A. West
(b) Address 1626 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director Sharrer & Hoffman
(b) Address 1639 Broadway

JUL 29 1943 (Date filed by registrar)

Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943 at 9:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Cerebral hemorrhage — **Duration**

Due to

Due to

Other Conditions Hypertensive CVD

(Include pregnancy within 3 months of death)

Date of operation July 8, 1943

Major findings of operation: Left Dangerous of [illegible] foot

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Herman Williams M. D.
Address Md. Gen. Hosp Date signed July 21, 1943

G 06565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 53

G 06565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The first age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 S. Curley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 S. Curley Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME FRANK ARDANOWSKI

3 (b) If veteran, name war ——
3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1855

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	—— Ardanowski
13. Birthplace	Poland
MOTHER 14. Maiden Name	Unknown
15. Birthplace	Poland

16 (a) Informant Mrs. Viola Smith
(b) Address 513 S. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23.1943 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 1808 Eastern Ave.

19 (a) Date received by registrar JUL 22 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1943. at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to July 20, 1943, and that I last saw him alive on July 20, 1943.

Immediate cause of death: Carcinoma of face. — Duration: about years

Due to

Due to

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Trage M. D.
Address 1617 Eastern Ave. Date signed 7/24/43.

G 06566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 179A

G 06566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Eden Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter White

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Helen Mary White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1906

8. AGE: Years	Months	Days	If less than one day
36	9	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Walter White
13. Birthplace Md.

MOTHER
14. Maiden Name Florence ?
15. Birthplace Md.

16 (a) Informant Helen Mary White
(b) Address 911 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 (month) (day) 43 (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs R. A. Elliott Dept.
(b) Address 1129 N. Caroline St.

19 (a) JUL 22 1943 (Date rec'd by Registrar) Huntington Williams M.D.

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18- 1943, at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Arsenical Poisoning Ag2 O3
Due to Arsine 7/4/43 H.J.M.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-18-43 at 6 P.M.
(b) Where did injury occur? Chemical Research Co. Randallstown Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Handling Ammonium Oleate

23. Signature Howard J. Muldaur M.D.
Medical Examiner.
Date signed 7-19-43

(over)

06569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

G 06569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N. Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Porter.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-1996

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27-1920

8. AGE: Years	Months	Days	If less than one day
22 23	11	25	hr. min.

9. Birthplace Va (Town, county and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Richard Porter

13. Birthplace Va.

MOTHER 14. Maiden Name Nora Wood

15. Birthplace Va

16 (a) Informant Nora Porter

(b) Address 121 N. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Ac. & Co. Rd

18 (a) Funeral director Robert E. Williams

(b) Address 1313 McElderry St

19 (a) JUL 22 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1943. at 12 Hours M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection find that said deceased came (Autopsy or Inquiry) to death on the day stated above.

Immediate cause of death	Duration
Tuberculosis Spinal Cervical Vertebrae.	
Due to Dislocation Cervical Vertebrae 1st & 2nd.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dougherty B. Neal M.D. Medical Examiner.
Date signed 7/22/43.

VS 6

06568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

G 06568 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: FRANKLIN Sq. HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 ANNAPOLIS RD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL KOEPF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
GIRL	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-18-43

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace BALTO., MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ROBERT KOEPF
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name HAZEL SHECKELLS
15. Birthplace BALTIMORE

16 (a) Informant Mother
(b) Address 2017 annapolis rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 22 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 22 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1943, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1943 to 7/18 1943 and that I last saw her alive on 7/18 1943

Immediate cause of death: neo natal asphyxia — Duration

Due to: atelectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald A. Hop M. D.
Address Date signed

VS 150

F 0259

G 06569 Dupe

CLARENCE E. HENRY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06569

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Falls Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Unidentified male (Clarence E. Henry)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 4-1905

8. AGE: Years 38 | Months 1 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (City, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Walter E. Henry
13. Birthplace Maryland

MOTHER
14. Maiden Name Fannie L. Disney
15. Birthplace Maryland

16 (a) Informant Walter E. Henry
(b) Address 4006 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-1943 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) July 22 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943 M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH [illegible] Conflagration
4th degree burns

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 20, 1943 4 A.M. 1/3/60
(b) Where did injury occur? 1881 W. 41st St.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury burned by conflagration in coal [illegible]

23. Signature Robert Ed Turner M.D.
Medical Examiner.
Date signed July 20 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06570 -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G 06570

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Sharp Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Dennard

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1930

8. AGE: Years	Months	Days	If less than one day
13			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name Walter Dennard
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Carrie Marshall
15. Birthplace Baltimore Md.

16 (a) Informant Walter Br[illegible]
(b) Address 1042 S. Sharp St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. Md.

18 (a) Funeral director Walter B. Briggs
(b) Address 139 W. Hamburg St.

19 (a) JUL 23 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-1943 at 1.15 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon, and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Stab wound of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-22-43 at 12.30 A M.
(b) Where did injury occur? In front of 1025 Plum St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Sharp instrument

23. Signature Howard J. Mallonee M.D.
Medical Examiner.
Date signed 7-22-43

G 06571
JL - 62856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

Registered No. G 06571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town No Home (If outside city or town limits, write RURAL and give town)
26-12
(d) Street No. ____ (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3 (a) FULL NAME Peter Bukowski

3 (b) If veteran, name war ____
3 (c) Social Security Account No. ____

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: ?
6 (b) Name of husband or wife: ?
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ? ? 1875

8. AGE: Years	Months	Days	If less than one day
68 65 ?	?	?	hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank (D)
13. Birthplace Russia

MOTHER
14. Maiden Name Agnes (D)
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaunakas Jr
(b) Address 607 W Lafayette Blvd

19 JUL 23 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 | 24 1943 at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 | 1 1943 to 7 | 24 1943 and that I last saw him alive on 7 | 21 1943.

Immediate cause of death: Myocardial infarction — Duration: 10 min
Due to: Arteriosclerotic coronary thrombosis — Duration: 10 min
Due to: ____
Other Conditions: Hypertension C.J. Duration: ?
(Include pregnancy within 3 months of death)

Date of operation ____
Major findings of operation: ____
of autopsy: No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature E. L. Seagman M. D.
Address Balto. City Hosp. Date signed 7/21

VS 150

SHEARAN

G 06572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. G 06572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital 26-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1053 Lauraston Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche Elizabeth Shearan

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1942

8. AGE: Years	Months	Days	If less than one day
	6	202	1 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Shearan
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret G. Baum
15. Birthplace Baltimore, Md.

16 (a) Informant: Charles Shearan
(b) Address: 1053 Lauraston Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd.

18 (a) Funeral director James J. Brzydzinski
(b) Address 1407 Eastern Ave. Essex

19 JUL 23 1943 (Date rec'd by Registrar) (c) Hunterington Williams, M.D. Registrar

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1943, at 11:25 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pyloric Diarrhoea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D.
Medical Examiner.
Date signed 7-22-43

6 06573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. G 06573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3328 Lawnview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Dale Rosier

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1943

8. AGE: Years — | Months — | Days 13 | If less than one day hr. min.

9. Birthplace Franklin Square Hospital
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Howard Md
13. Birthplace

MOTHER 14. Maiden Name Mabel Trimmer
15. Birthplace Pa

16 (a) Informant G. A. Rosier
(b) Address 1323 W. 40th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1943 (month) (day) (year)
(c) Cemetery or crematory New Market
Location Baltimore Co., Md.

18 (a) Funeral director Roland E. Fisher
(b) Address 5005 Park Heights Ave.

19 JUL 23 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1943 at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1943 to 7/22 1943 and that I last saw him alive on 7/22 1943

Immediate cause of death: R. respiratory failure — Duration
Due to diarrhea of newborn and dehydration
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David K. Wargo, M. D.
Address U. Hospital Date signed 7/22

VS 180

G 06574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 06574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Salvato Marsino

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charmy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years 89 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Borucch Marsino
13. Birthplace Russia

MOTHER
14. Maiden Name Mary ?
15. Birthplace Russia

16 (a) Informant Israel Marsino
(b) Address 3734 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/43 (Month) (Day) (Year)
(c) Cemetery or crematory Holy Mt Carmel
Location Fernay Hill Road.

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave

19 (a) JUL 23 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 41 July 22 1943 and that I last saw h (he) alive on July 21 1943

Immediate cause of death: Paralytic Stroke Hrs
Due to Arterio-sclerosis Yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Carpenter M.D.
Address 231 Eutaw St. Date signed 7/24/43

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. G 06575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 N Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Majorie Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Co | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Md (City, county, and state)

10. Usual Occupation Retired, Dr's

11. Industry or business Pension

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Dorsey
(b) Address Catonsville, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/24/1943 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Adolphus Hall
(b) Address 9 E 32nd St Hall Bldg

19 JUL 23 1943 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22/43, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Monday July 19 43 and that I last saw h alive on July 22 43

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertension arteriosclerosis
Due to: Senile debility
Duration

Other Conditions: Senile Constipation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Cecil Williams M. D.
Address 504 N Monroe Date July 23 43

VS 250

G 06576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 06576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Wesley Brown

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 213-12-2164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Juanita
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) 3/29/1919

8. AGE: Years	Months	Days	If less than one day
24	3	22	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Steel Mill Worker
11. Industry or business Bethelhem Steel Corp.

FATHER
12. Name Wm. I. Brown Sr.
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Eva Brooks
15. Birthplace Calvert Co. Md.

16 (a) Informant Juanita Brown(W)
(b) Address 426 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/43 (month) (day) (year)
(c) Cemetery or crematory Eastern Chapel
Location Calvert Co. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) Huntington Williams (Signature of local registrar)
(b) Date received by registrar JUL 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 1943 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1943 to July 21 1943 and that I last saw h[illegible] alive on July 21 43

Immediate cause of death

	Duration
Result of Stroke of Paralysis	1 dy
Due to Pulmonary Hemorrhage	
Due to Pulmonary Tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen A. Lefevre M. D.
Address 320 N. Bond St. Date signed 7/25/43

G 06577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Loudon & Bren

(c) Hospital or institution: Univ. Hospital 20

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) [redacted]

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2223 W. Fayette (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John J Harry.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mrs Rose C. Reynolds

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1894

8. AGE: Years 49 | Months 7 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Policeman

11. Industry or business Balto City Police

FATHER

12. Name Henry Harry

13. Birthplace Baltimore, Md

MOTHER

14. Maiden Name Mary Teegan

15. Birthplace Ireland

16 (a) Informant Mrs Rose Harry [redacted]

(b) Address 2223 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)

(c) Cemetery or crematory WESTERN Cem. ~~Loudon Park~~

Location ~~Old Frederick Rd~~

18 (a) Funeral director John J Leaman & Son

(b) Address 909 Hollins St.

19 (a) ~~JUL 20 1943~~ (b) Lexington & Williams Mkt

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1943, at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 19 43 to 7/22 19 43, and that I last saw h[illegible] alive on 7/22 19 43.

Immediate cause of death: Uremia

Due to: arteriosclerotic cardio-vascular disease Grade III

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: not known. Symptoms for 6 mo. per C.H.D.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James W. Bizzell M. D.

Address Univ. Hospital Date signed 7/22/43

G 06578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 06578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homewood Apts.
(c) Hospital or institution: 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Rania McKenna.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Andrew O. McKenna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1870.

8. AGE: Years 73 Months 2 Days If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name R. W. L. Rania
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emberson
15. Birthplace Va.

16 (a) Informant W. H. Stanley
(b) Address 502 Douglas Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Co.
(b) Address 20 Cathedral Orchard Sts

19 (a) Huntington Williams M.D. Registrar

JUL 23 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22/43 19 , at 6A M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 1936 to July 23 43 and that I last saw h-- alive on July 22 1943.

Immediate cause of death Cerebral Hemorrhage Duration 12 Hrs

Due to Arterio Sclerosis Duration Gradual

Due to Hypertension Duration Gradual

Due to Hypertension Duration Gradual

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Stanley

Address 1403 Park Ave. Date signed 7/24/43

G 06579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Maryland
(c) Hospital or institution:
JOHNS HOPKINS HOSPITAL. 10-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Ashland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM LAYTON WEST

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1917

8. AGE: Years 26 | Months - | Days 16 | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name Samuel West
13. Birthplace Va.

MOTHER
14. Maiden Name Lassie Johnson
15. Birthplace Va.

16 (a) Informant Lassie West
(b) Address 1021 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County

18 (a) Funeral director Mrs. R. Elliott Slaughter
(b) Address 1129 N. Caroline St.

19 (a) 7/23/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1943, at 4 A. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic alcoholism.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature T. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-24-43

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G 06580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 06580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1344 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Allison Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	black	infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/43

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Edward Waters
13. Birthplace Md

MOTHER
14. Maiden Name Rosella ?
15. Birthplace Md

16 (a) Informant Father
(b) Address 1344 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelso
(b) Address 1303 Pleasant St

19 (a) July 23 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1943 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/20 1943 and that I last saw h[illegible] alive on 7/20 1943

Immediate cause of death: Respiratory failure — Duration
Due to: prematurity
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. L. Morgan M. D.
Address U. Hospital Date signed

VS 180

G 06581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06581 / 61 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country ____

3 (a) FULL NAME Mrs Catherine Griffith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clarence Griffith
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 5, 1905

8. AGE: Years 38 | Months 2 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael O. Cox
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Duloff
15. Birthplace Balto. Md.

16 (a) Informant Clarence Griffith
(b) Address 413 Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1943 (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Kenyon Ave.

18 (a) Funeral director Edgar H. Watkins & Son
(b) Address 924 N. Gay St.

19 (a) JUL 23 1943 (Date rec'd by registrar) Hamilton Wm. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-1943, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-43 7:30 A.M. to 7-22-43 7:30 P.M. and that I last saw her alive on 7-22-1943.

Immediate cause of death: Septicemia — Duration: —
Due to: Carbuncles — —
Due to: Diabetes — —
Other Conditions: — —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury —

23. Signature Hayden B. Matthews, M.D.
Address St. Joseph's Hosp. Date signed 7/24/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2231 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2231 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura J. Minnick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Tilly R. Minnick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1862

8. AGE: Years 80 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name James Hooker

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Rebecca Snyder

15. Birthplace Balto. Md.

16 (a) Informant Maggie M. Minnick

(b) Address 2231 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Md.

18 (a) Funeral director Tilly R. Milligan

(b) Address 2435 E. Oliver St

19 (a) Huntington Williams

JUL 28 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22 1943 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1943. to July 22, 1943. and that I last saw her alive on July 21, 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage & Left Hemiplegia.	5 days
Due to Arteriosclerosis	5yrs.
Due to	
Other Conditions Diabetes	20yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Sargwald

Address 1613 E. North Ave. Date signed 7-25-43

G 06583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

G 06583
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ALEXANDER WEBSTER

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elizabeth Webster
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1869

8. AGE: Years	Months	Days	If less than one day
73	9	26	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Lochard Webster
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Kidd
15. Birthplace Scotland

16 (a) Informant Mrs. Elizabeth Webster
(b) Address 1716 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore County

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) [illegible] (Date received by Registrar) [illegible] Huntington Willi[illegible] M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943. at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to July 21 1943 and that I last saw h[illegible] alive on July 20 1943.

Immediate cause of death — Duration
Hypertension Cerebral Vascular Disease — 3 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 2700 Hilford Road Date signed 7/23/43

G 06584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1084

G 06584 Registered No.

The following items must be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution:
Maryland General Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 E. Federal St
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE FRANCES VIRGINIA LAMBERT

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife ? Louis Henry

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5, 1858

8. AGE: Years 85 | Months 0 | Days 18 | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Herman Melchior
13. Birthplace Holland

MOTHER
14. Maiden Name Catherine Mumma
15. Birthplace Baltimore County, Md.

16 (a) Informant Geo. Watson Lambert
(b) Address 620 S. Lombard St. (Cheverly)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Henry Sander & Sons, Inc.
(b) Address North Ave. & Broadway

19 (a) JUL 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/43 19 . at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1943 to 7/21 1943, and that I last saw her alive on 7/21 1943.

Immediate cause of death: Lobar pneumonia, unresolved, left base — Duration: 7

Due to

Due to

Other Conditions Arteriosclerosis, auricular fibrillation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

(unresolved - left lower)

of autopsy Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Herman Williams M. D.
Address Date signed

VS 250

06585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G 06585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2872 Mayfield ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2872 Mayfield ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Gabriel

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	11	6		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Paul Gabriel
13. Birthplace Germany

MOTHER
14. Maiden Name Elisa Knoedel
15. Birthplace Germany

16 (a) Informant Helen Gabriel
(b) Address 2872 Mayfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Bright, Jr.
(b) Address 4214 Belair Road

19 (a) JUL 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943 to July 22 1943 and that I last saw h[illegible] alive on July 24 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Arteriosclerosis — years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thos J Bayless M.D.
Address Edgar & Belair Rd Date signed 7/25/43

VS 3

C 06586

BALTIMORE CITY HEALTH DEPARTMENT

82742 MJ- CERTIFICATE OF DEATH- 150c

Registered No. C 06586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Birch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1928

8. AGE: Years	Months	Days	If less than one day
15	1	3	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Birch
13. Birthplace Maryland

MOTHER
14. Maiden Name Marjorie Coates
15. Birthplace Maryland

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1800 Baunton Ave

JUL 23 1943

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1943 to 7-21 1943 and that I last saw h.er alive on 7-21 1943.

Immediate cause of death Bronchopneumonia, Lobar and fulminating

Due to Unknown organism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Delivery of full term pregnancy unsuccessful

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. P. Russell M.D.
Address Balto. City Hosp. Date signed 7-31-43

VS 180

G 06587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

G 06587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lemmon + Redwood
(c) Hospital or institution Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 W. Conway St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cecelia Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1915

8. AGE: Years 27 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace Northumberland Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Isaac Brown

13. Birthplace Va

MOTHER 14. Maiden Name Helen Young

15. Birthplace Va

16 (a) Informant Hilda Montague

(b) Address 1307 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (mo.) (day) (yr.)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Edmondson Ave

Registered July 22 1943 by Huntington Williams Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1943 at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1943 to July 19 1943 and that I last saw deceased alive on July 19 1943.

Immediate cause of death: Sepsis — Duration

Due to Secondary infection of pneumonia — Duration

Due to Mandoma vaginale — Duration

Other Conditions Anemia + Malnutrition — Duration

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. B. Hagan M. D.
Address Univ. Hosp. Date signed 7/22/43

G 06588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

✓ G 06588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138 Scott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 - ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Scott. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles F. Miller

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3. 1891

8. AGE: Years 52 | Months 1 | Days 18 | If less than one day: hr. 19 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER
12. Name Henry Miller
13. Birthplace

MOTHER
14. Maiden Name Catherine Arnold
15. Birthplace Baltimore Md.

16 (a) Informant Margaret A. Nazaremus
(b) Address 1138 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1943 (month) (day) (year)
(c) Cemetery or crematory, Western
Location City

18 (a) Funeral director Mrs. Mrs. John H. Teufel Son
(b) Address 801 N. Fayette St

19 (a) Huntington Williams M.D. (Date received by Registrar) JUL 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 3 20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1943 to 7/22 1943, and that I last saw h alive on 7/22 1943.

Immediate cause of death: Pulmonary Edema — Duration 24

Due to: Carcinoma of Lung with Metastasis — 1 yr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of in

23. Signature Joseph G Cawkarty M. D.
Address 697 W Lexington St Date signed 7/23/43

437777

06589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. 06589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Fait ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas ~~Di Stefano~~ Di Stefano

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-03-9869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Italia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-~~09~~

8. AGE: Years	Months	Days	If less than one day
33 ~~09~~	8	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Shipfitter

11. Industry or business

FATHER
12. Name Salvatore Di Stefano
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Urnisi
15. Birthplace Italy

16 (a) Informant Ricardo
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** July 26 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd Baltimore Md.

18 (a) Funeral director Frank Dello Iacono
(b) Address 52 N. Morley St.

19 JUL 23 1943 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 22 1943 and that I last saw him alive on July 22 1943.

Immediate cause of death Uremia — Duration

Due to Toxic nephritis

Due to Sulfathiazole toxicity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirms

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L.B. Schwartz M. D.

Address Date signed

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06590 ✓ G 06590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 184 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Cety (b) County Md -
(c) City or town Balto Cety (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Druid Hill ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dedonia Proctor Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
76	Jan 25th	1866	hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Texas

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Beatrice Watton
(b) Address 1811 Druid Hill ave

17 (a) (Burial, cremation, or removal) (b) Date thereof July 27-1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location Balto city

18 (a) Funeral director Archibald A Goddin
(b) Address 2401 McCulloh St

19 (a) (Signature and title) (b) (Date received by local registrar) JUL 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June - 1943 to July 21 1943, and that I last saw him alive on July 21 1943.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Arteriosclerosis (Senile)	
Due to Pulmonal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D. Pennington M. D.
Address 1632 Druid Hill Ave Date signed 7-23-43

06591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 06591
Registered No.

The ... Every item of information should be carefully ... WITH UNFADING INK. ... Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light + West Sts.
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet M. Bopst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Guy C. Bopst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1877

8. AGE: Years	Months	Days	If less than one day
65	9	12	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Dust Broke

FATHER
12. Name Edwin Rusk
13. Birthplace Ohio

MOTHER
14. Maiden Name Virginia Burkstresser
15. Birthplace Ohio

16 (a) Informant Guy C. Bopst
(b) Address Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Maryland

18 (a) Funeral director Harry N. Bitzke
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] 22 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 12 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 24 1943, and that I last saw her alive on July 21 1943.

Immediate cause of death Intracapillary glomerulosclerosis
Diabetes Mellitus

Due to

Due to

Other Conditions Hypertensive cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Lubatti M. D.
Address Le. Balt. Gen. Hosp. Date signed July 24, 1943

VS 180

06592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 06592 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 W Saratoga Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph W. Sellner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs Mary Sellner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12-1897

8. AGE: Years	Months	Days	If less than one day
46	4	9	hr. min.

9. Birthplace District of Columbia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Joseph Sellner
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Franke
15. Birthplace Germany

16 (a) Informant Joseph W. Sellner
(b) Address 600 W Saratoga Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Harry H. Wichter
(b) Address 4700 Edmondson Ave

19 (a) JUL 26 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943 at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1943 to July 21 1943, and that I last saw him alive on July 21 1943.

Immediate cause of death Acute Perforation

Due to Perforation of Transverse Colon
Intestinal Obstruction

Due to Carcinoma of Recto-Sigmoid

Other Conditions Metastatic nodules in liver
Invasion of Right Seminal Vesicle

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: July 22, 1943 Jos. Sellner

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Shipley M. D.
Address University Hospital Date signed July 27 1943

Approved by Howard F. Mussen, M.D.

G 06593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06593 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5103 Benton Heights
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5103 Benton Heights Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mathie H. Mauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife James M. Mauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1861

8. AGE: Years	Months	Days	If less than one day
82	5	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER 12. Name Charles A. Mauer
13. Birthplace Md

MOTHER 14. Maiden Name Julia E Brandt
15. Birthplace Md

16 (a) Informant J. Milton Mauer
(b) Address 5103 Benton Height

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville

18 (a) Funeral director Leonard J. Rusch
(b) Address JUL 23 1943 Hartford Rd

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Mitchell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1943 at 7.10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 43 to July 20 1943 and that I last saw h[illegible] alive on July 20 - 43

Immediate cause of death Coronary occlusion — Duration

Due to Arteriosclerosis — Duration

Due to Hypertension — Duration

Due to Chronic nephritis — Duration

Other Conditions Pernicious Chronic cholecystitis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Eugene A Anderson M. D.
Address 3001 Shannon Drive Date signed July 22-43

G 06594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G 06594

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3108 Hebbons Ln

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4

(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3108 Hebbons Ln (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ludwig Kirchschlager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-12-1888

8. AGE: Years 54 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Austria (Town, county, or state)

10. Usual Occupation Engineer Steamfitter

11. Industry or business

FATHER 12. Name Joseph

13. Birthplace Austria

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Sophie Kirchschlager

(b) Address 3108 Hebbons

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto

18 (a) Funeral director Leonard Hayes

(b) Address 5105 Harford Rd

19 (a) (Date rec'd by Registrar) 7-23-1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 21 1943, and that I last saw him alive on July 21 1943.

Immediate cause of death: Degenerative & arteriosclerotic Heart Disease with failure — Duration: 5 years

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Harriet Prince, M.D.

Address 5106 Harford Rd, Balto, Md Date signed 7/24/43

G 06595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

G 06595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Brooklyn, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Letty Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Elizabeth Frith

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife William Frith
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 7th 1892

8. AGE: Years 50 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Huntington Co, Pa (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Admission Blank of hospital
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/25/43 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Druid Hill Ave Balto Md

18 (a) Funeral director Milton Otto
(b) Address 1217 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntingdon Pa Williamsburg

JUL 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22 1943, at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1943 to 7-22 1943, and that I last saw h[illegible] alive on 7-22 1943

Immediate cause of death: Cardio Resp. failure — Duration: a) 1 hr.
Due to: Arteriosclerotic WD & bronchopneumonia — a) [illegible] b) 4 days
Due to: Acute intestinal obstruction abdominal ? paralytic — probably 4 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: not permitted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin C. Leslie M. D.
Address Woman's Hosp Date signed 7-24-43

06596

BALTIMORE CITY HEALTH DEPARTMENT

MJ-81843

CERTIFICATE OF DEATH

61

G 06596
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos. 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 407 S. Paca St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Serfinas or Sarafin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Michael (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Lithuanua
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Serefinas
13. Birthplace Lithuania

MOTHER
14. Maiden Name Francis Zilinsky
15. Birthplace Lithuania

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director John A. Grabiankas Jr
(b) Address 423 S. Paca St

JUL 23 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 | 22 1943 at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/22 1943.
and that I last saw alive on 7/22 1943.

Immediate cause of death B. coli septicemia — Duration 3 - 4 wks.

Due to ?

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: no post

?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.
Address Balto. City Hosp Date signed 7/22

G 06597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1432 Montpelier St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Stiefel

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1872

8. AGE: Years 70 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name John Siefel
13. Birthplace Md

MOTHER 14. Maiden Name Mary C Cunningham
15. Birthplace

16 (a) Informant Mr John Siefel
(b) Address 1432 Montpelier

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Tilson & Co Inc
(b) Address 1217 E Baltimore St

19 (a) (Date received by registrar) (b) Registrar

JUL 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28-1943 to 7-21-1943, and that I last saw her alive on 7-19-1943

Immediate cause of death Cardio-vascular-renal disease

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Immediate; Antecedent; Underlying

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Seibert M. D.
Address 7802 Harford Rd Date signed 7-23-43

G 06598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Ailsa Ave
(c) Hospital or institution:
VT
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Ailsa Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HOWARD K STONE

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4093

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ wife Ethel Stone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2nd 1885

8. AGE: Years 58 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Bar Man

11. Industry or business Munders

FATHER 12. Name Wm B. Stone

13. Birthplace Md.

MOTHER 14. Maiden Name Katie Kretchmer

15. Birthplace Md.

16 (a) Informant Miss Helen Stone

(b) Address 2903 Ailsa Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 7/24/43 (month) (day) (year)

(c) Cemetery Morland Park

Location Parkville Md.

18 (a) Funeral director William Cook Jac

(b) Address 127 St. Paul st

19 (a) JUL 22 1943 (b) Huntington Md. Registrar

~~Date not to be entered.~~

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 50 M

21. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 7-22-43

VS 181

G 06599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 06599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga St

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 577 E. 27th St. (If rural give location)

(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME ANNE ARDELLE BROWN

3 (b) If veteran, name war: M

3 (c) Social Security Account No. NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1942

8. AGE: Years | Months: 10 | Days: 17 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation BABY

11. Industry or business

FATHER

12. Name ARMAND BROWN

13. Birthplace MARYLAND

MOTHER

14. Maiden Name DORIS MILLER

15. Birthplace MARYLAND

16 (a) Informant Armand Brown

(b) Address 527 E. 27th st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)

(c) Cemetery Holy Cross

Location Harford Rd

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

JUL 23 1943 (Date rec'd by registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 21 1943 at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 11 1943 to JULY 21 1943 and that I last saw her alive on JULY 21 1943.

Immediate cause of death Toxemia

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: over

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry J. Zangara M.D.

Address Mercy Hospital Date signed July 24, 1943

06600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92E

G 06600 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4427 Hurnwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4427 Hurnwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally R Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Nathaniel H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1874

8. AGE: Years	Months	Days	If less than one day
69	5	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Guyton
13. Birthplace Md.

MOTHER
14. Maiden Name Lona J Garrison
15. Birthplace Md.

16 (a) Informant Walter H Miller
(b) Address 4427 Hurnwood Ave
17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 7-24-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto County Md
18 (a) Funeral director Ruhlmann Co Inc
(b) Address 1217 E Lond St
19 (a) JUL 23 1943 (Date filed by registrar)
(b) Huntington Hutchinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8th. 1943 to July 22nd 43, and that I last saw her alive on July 20th. 1943.

Immediate cause of death	Duration
Coronary Occulusion	Immediate
Due to ----------	
Due to ----------	
Other Conditions Myocarditis & Endocarditis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo W Magruder M.D.
Address 401 E. 25th. St. Date signed 7/23/43

VS 180

G 06601 G 06601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 W. Balto. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmond H. GRANGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0202

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizabeth Granger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15th 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	4	8		

9. Birthplace St. Paul, Minn.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Miller Bros
12. FATHER Name Edmond O. Granger
13. Birthplace France
14. MOTHER Maiden name Madalina Delona
15. Birthplace Minn
16 (a) Informant Cyril Fogg
(b) Address 1024 W. Balto. St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.
18 (a) Funeral director William Cook Inc
(b) Address 1207 St. Paul St
19 (a) 7-24-1943 (b) Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22/1943, at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/1943 to 7/22/1943 and that I last saw h alive on 7/22/1943.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Due to Lung abscess	
Due to Bronchogenic Carcinoma	
Other Conditions Portal embolism Cirrhosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wachsman
Address Sinai Hosp. Date signed 7/23/43

06602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 430

Registered No. C 06602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 S. Stricker S-
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Limauskis

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Luth (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Luth

MOTHER
14. Maiden Name Unknown
15. Birthplace Luth

16 (a) Informant Metalis
(b) Address 37 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasmskas Dmg.
(b) Address 602 Washington Blvd

19 (a) JUL 24 1943 (Date rec'd by registrar) Huddington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1943, to 7-22 1943, and that I last saw h alive on 7-20 1943.

Immediate cause of death cerebral hemorrhage — Duration 24 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rasmin M. D.
Address 206 S. Gilmor St Date signed 7-22-43

G 06603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43c

G 06603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 S Dean St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S Dean St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur A Mielke.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6988

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna M Mielke

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 4-1899

8. AGE: Years 43 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Builder

FATHER 12. Name Herman Mielke

13. Birthplace Germany

MOTHER 14. Maiden Name Hilda Albrecht

15. Birthplace Germany

16 (a) Informant Anna M Mielke

(b) Address 717 S Dean St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004-8. Orleans St

19 (a) July 24 1943 Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to July 23 1943 and that I last saw [illegible] alive on July 23 1943.

Immediate cause of death Myocardial degeneration — Duration

Due to Chronic endocarditis

Due to Rheumatic fever

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Gould M. D.

Address 174 E 25th St Date signed 7-27-43

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

G 06604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 06604

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT PLAINLY WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hosp. 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or Town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 323 E. Lorraine Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. Martin Joseph Beirne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 7, 1908

8. AGE: Years	Months	Days	If less than one day
34	8 3	14 16	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Shipyard worker

11. Industry or business

FATHER 12. Name Edward Beirne

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Mc Garry.

15. Birthplace Ireland

16 (a) Informant wife

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 26-43 (Month) (Day) (Year)

(c) Cemetery or Crematory Mount Calvary

Location Old Frederick Rd

18 (a) Funeral director John A. Nolan

(b) Address 3000 E. Balto. St.

19 (a) [illegible] 24 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1943, to July 23 1943, and that I last saw him alive on July 23 1943.

Immediate cause of death Lobar Pneumonia (right upper & middle lobes)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.

Address Union Memorial Hosp. Date signed 7-23-43

VS 150

G 06605

438359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89a

G 06605

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Somerset St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Johnson ~~Josephine Johnson~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/43

8. AGE: Years	Months	Days	If less than one day
	4	18	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Johnson

13. Birthplace Md.

MOTHER 14. Maiden Name Josephine George

15. Birthplace md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location A. A. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

19 (a) JUL 24 1943 Huntingtn Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1943 to July 22 1943, and that I last saw her alive on July 22 1943

Immediate cause of death Circulatory failure. Duration 2 days

Due to septicemia?

Due to

Other Conditions otitis media

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert Kaye

Address Johns Hopkins Hospital Date signed July 26

VS 130

12-E. 33rd St.

G 06606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06606 Registered No.

94a

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & Ballonal Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street address Charles & Ballonal Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Catherine Griffith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Widow

6 (b) Name of husband or wife William M Griffith
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr) Sept 8-1852

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	8	14		

9. Birthplace York Pa.
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Thornton Connellee
13. Birthplace Unknown

MOTHER
14. Maiden Name Amanda Wilson
15. Birthplace Pa.

16 (a) Informant Mrs Chase Ridgely
(b) Address # 4 W. 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Ellsworth Arnaud
(b) Address 2911 Liberty Heights Ave

19 (a) (Date rec'd) JUL 24 1943 (Registrar's signature) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1943, at 3 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1942, to July 22 1943, and that I last saw her alive on July 20 1943

Immediate cause of death: Coronary occlusion — Duration 2 hrs.

Due to Arteriosclerosis (Dem) — 15 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Thropp M. D.
214 Medical Arts Bldg
Date signed 7/22/43

G 06607 BALTIMORE CITY HEALTH DEPARTMENT G 06607

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3037 Oakley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Oakley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie K. Mister (Mamie King Mister)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Arthur J. —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr) 3/27/1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	4	24		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name King
13. Birthplace Unknown

MOTHER
14. Maiden Name Deill
15. Birthplace Unknown

16 (a) Informant Mrs. Katherine W. King
(b) Address 155 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JUL 24 1943 (Date rec'd by registrar) (b) Huntingtown, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21- 1943, at 2:45 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic myocardial degeneration
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeis M.D. Medical Examiner.
Date signed 7-22-43

06608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. C 06608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Ogston At.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Ogston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4th 1870

8. AGE: Years 72 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Smallwood
13. Birthplace Md.

MOTHER
14. Maiden Name Vine Parker
15. Birthplace Md.

16 (a) Informant Silvia Woolford
(b) Address 410 Ogston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)
(c) Cemetery or crematory Randall Chapel
Location Bostow, Calvert Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 24 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, '43 19 at 1:10 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 19 19 43 to July 22 19 43, and that I last saw him alive on July 22 19 43

Immediate cause of death: Carcinoma of Liver and Pleura — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature

Address Date signed

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06609 T.S. — G 06609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2331 Freemont Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) 50-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 Freemont Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME William F Coffin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie M Edell (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
76 75	—	—		

9. Birthplace Carroll Co Md
(Town, county, and state)
10. Usual Occupation Metal Maker
11. Industry or business

FATHER
12. Name Charles G. Coffin
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma L. Claymon
15. Birthplace Baltimore Md

16 (a) Informant Caroline F Snyder
(b) Address 728 Freemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location

18 (a) Undertaker Mary M Wiedefeld
(b) Address 50 W 22nd Sts.

19 (a) JUL 23 1943 (Date rec'd by Registrar) Harrington Wilkerson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1943 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1943 to 7/22 1943 and that I last saw alive on 7/21 1943.

Immediate cause of death	Duration
Uremia.	2 days.
Due to Cerebral Hemorrhage	3 days.
Due to Hypertension Arterio-sclerosis.	? ?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harrington Wilkerson, M.D.
Address 1905 W. Baltimore Date signed 7/24/43

VS 150

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 06610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 907 Pendle's Court
(b) Street address Baltimore, Md.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-C
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Pendle's Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGINIA GRIFFIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1903

8. AGE: Years 40 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Basil Griffin
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Robert Handy
(b) Address 907 Pendle Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) JUL 23 1943 (Date of death) (b) Huntington Williams, M.D. Registrar
DEC 24 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1943, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
CARCINOMA OF RIGHT BREAST WITH METASTASIS.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 7-28-43

06611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

G 06611
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Waverly Straiten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race B

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/42

8. AGE: Years | Months 10 | Days 13 | If less than one day min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Louis Straiten
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Eliza Coates
15. Birthplace Calvert Co Md.

16 (a) Informant Eliza Coates
(b) Address 1320 Argyle Ave.

17 (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 1441 Pennsylvania Ave

19 Filed JUL 23 1943 Harrington Williams, M.D.
Registrar
JUL 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1943, to July 24 1943, and that I last saw h (he) alive on July 24 1943

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J G Banfield M. D.
Address Provident Hospital Date signed July 24/43

VS 3

06612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 06612
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 180 N McHenry St
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country Yugoslavia

3 (a) FULL NAME Katherine Belovarich

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-1871

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Michael
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 7th 1877
8. AGE: Years 65 | Months 8 | Days 29 | If less than one day: hr. min.
9. Birthplace Yugoslavia (Town, county, and state)
10. Usual Occupation H W
11. Industry or business —

FATHER
12. Name Conrad
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name —
15. Birthplace Yugoslavia

16 (a) Informant Stephen J Belovarich
(b) Address 180 N McHenry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Pott & B. M. Walters
(b) Address Pratt & Stricker Sts

JUL 25 1943 (Date filed) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1943, to 7/23 1943, and that I last saw him alive on July 23 1943

Immediate cause of death Postcerebral Hemorrhage (Ruptured vein?) Duration 10 days

Due to Portal cirrhosis

Due to —

Other Conditions Diabetes mellitus Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M.D.
Address University Hospital Date signed 7/23/43

VS 130

Numbers WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06613 ✓ G 06613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 E Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Peisto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 46 Months Days If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Rubin Weinstein
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Frank Peisto
(b) Address 1706 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (d) 25 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 24, 1943, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 26, 1943, to JULY 24 1943, and that I last saw h[illegible] alive on JULY 24 1943.

Immediate cause of death — Duration

HYPERPYREXIA

Due to POSS. BAC. ANGIOCHOLITIS

Due to ANTOCHIASIS

Other Conditions HEMIPLEGIA
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Robert Levy M. D.
Address Sinai Hospital Date signed 7/24/43

VS 180

Every item of information should be carefully supplied, with CAPPING INK. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G 06614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G 06614 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Moreland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Milhiser

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Isaac Milhiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 24 1864

8. AGE: Years 79 | Months 2 | Days — | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Israel Schwab
13. Birthplace: Germany

MOTHER
14. Maiden Name: Rosa Rendsburg
15. Birthplace: Germany

16 (a) Informant: Mrs Esther Hofmann
(b) Address: 1710 Moreland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 (Month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: Balto Co Md

18 (a) Funeral director: Chas. J. Graves & Co.
(b) Address: 1700 Eastern Ave

19 (a) (Date rec'd by Local Registrar) Washington Williams, M.D. Registrar

JUL 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1943 at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to 7/24 1943, and that I last saw h C P alive on 7/23 1943

Immediate cause of death: Metastatic carcinoma

Due to: Primary urinary bladder and rectum

Due to: Adeno carcinoma of uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Nature of injury

Signature: W. J. Volkwein M. D.
Address 4710 Liberty Hts Date signed 7/24/43

G 06615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06615
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital, Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Eutaw Place.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl George.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Girl	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1943

8. AGE: Years	Months	Days	If less than one day
—	—	—	9 hr. 50 min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Emma Elizabeth George.
15. Birthplace West Virginia

16 (a) Informant Mrs. Mary George.
(b) Address Bluefield, West Virginia

17 (a) Burial (b) Date thereof 7/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory West Laurel
Location Baltimore Md.

18 (a) Funeral director Wilmore Co Inc
(b) Address 1217 E Fayette

JUL 25 1943
(Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1943 to July 24 1943, and that I last saw h[illegible] alive on July 24 1943.

Immediate cause of death: Cardiac failure
Due to: Prematurity (6 months)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
—
—

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Address Woman's Hospital Date signed
Baltimore Md. 7-24-43

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. [illegible] information should be carefully supplied. The

G 06616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 East North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl N. Hoop Sr.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bonnie Hoop

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/11/75

8. AGE: Years: 68 | Months | Days: 12 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Tin Worker

11. Industry or business

FATHER
12. Name Joseph Hoop.
13. Birthplace England

MOTHER
14. Maiden Name Sara Henery
15. Birthplace Penn.

16 (a) Informant Records Mercy Hospital
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

JUL 25 1943 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1943, at 9:27 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/43 19 to 7/23 1943.
and that I last saw h alive on 7/23 1943

Immediate cause of death
Uremia

Due to Acute Obstruction
following operation
(Sugar tumor
prostatectomy)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 7/12/43
Major findings of operation: Hypertrophy of Prostate
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas L. Brooks M. D.
Address Mercy Hosp Date signed 7/23/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
DO NOT WRITE ABOVE THIS LINE, WITH UNFADING INK.

G 06617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 06617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 743 N Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 743 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Virginia Brohawn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 15. 1860

8. AGE: Years: 82 | Months: 10 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Thurmond Co WVa
(Town, county, and state)

10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: John R Brohawn
13. Birthplace: Rockbridge Co Va

MOTHER
14. Maiden Name: Jenny Lyell
15. Birthplace: Va

16 (a) Informant: Wilbur Lon Sapp
(b) Address: 294 Lemmon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory: Parsons
Location: Baltimore, Md

18 (a) Funeral director: Wilmoth & Son
(b) Address: 1217 E Fort Ave

19 (Date rec'd by registrar) JUL 25 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1943 to July 23 1943, and that I last saw h[illegible] alive on July [illegible] 1943.

Immediate cause of death: Chr. myocarditis. — Duration

Due to:

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: George E. Shannon M.D.
M. D.
Address: 820 Medical Arts Bldg. Date signed: July 26 1943

VS 180

G 06618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

82

G 06618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Ensor St
(c) Hospital or institution:

1D

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Ensor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Ireland

3 (a) FULL NAME Sarah A Cox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Terence Cox
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 18[illegible]

8. AGE: Years 48 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife
11. Industry or business

MOTHER / FATHER
12. Name McWilliams
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Ireland

16 (a) Informant Mrs Cox
(b) Address 1202 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Drummond Ave

(Date rec'd by registrar) Huntington Williams M.D.

25 1943

VS 150

Dr. Bibb Geraghty

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 at 12 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1932 to 7/23/1943.
and that I last saw h[illegible] alive on 7/22 1943

Immediate cause of death Uremic Coma — Duration 2 days
Due to Chr. Nephritis — 8 yrs
Due to Grand Mal Epilepsy — 10 yrs
Other Conditions Cerebral Spastic Paraplegia — 2 yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A Geraghty M.D.
Address 10 E Biddle St Date signed 7/24/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06619 Registered No. 13B

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE WHITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 N. Curley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Curley Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLYN HELEN SKINNAR (nee Struck)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife George C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/9/03

8. AGE: Years	Months	Days	If less than one day
39 yrs	9	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Struck
13. Birthplace Georgia

MOTHER
14. Maiden Name Theresa Andrews
15. Birthplace Georgia

16 (a) Informant Husband
(b) Address 1210 N. Curley Street

17 (a) Burial (b) Date thereof 7/20/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schirmunek
(b) Address 2601 E. Madison Street

7/25/1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/43 19 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/1939 to 7/23/43
and that I last saw h alive on 7/23/43

Immediate cause of death: Phthisis Pulmonalis — Duration 3 yrs

Due to

Due to

Other Conditions: None.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. T. Feigenbaum

Address 1710 E. 33rd St. Date signed 7/24/43

VS 150

G 06620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06620 Registered No. 938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Lakewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Lakewood Avenue
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARY PAZDERA (nee Kranicka)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/21/63

8. AGE: Years	Months	Days	If less than one day hr.	min.
80 yrs.	2	2		

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Kranicka
13. Birthplace Czech.

MOTHER
14. Maiden Name Krejci
15. Birthplace Czech.

16 (a) Informant Karoline Perner (sister)
(b) Address 809 N. Lakewood Avenue

17 (a) urial (Burial, cremation, or removal) (b) Date thereof 7/25/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Phila. Md. Balto. Md.

18 (a) Funeral director Charles L. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (b) Washington Williams M.D.
(Date rec'd by registrar)

JUL 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to July 23 1943
and that I last saw alive on July 23 1943

Immediate cause of death
Coronary Occlusion — Duration July 23 43

Due to Ch. Myocarditis — 1935

Due to Arteriosclerosis — 1933

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wellington Williams M.D.
Address 801 N. Rankin Ave Date signed

G 08621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G 08621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 Talbott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Talbott Street Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara May Neighbours

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years | Months 3 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John L. Neighbours
13. Birthplace Memphis Tenn.

MOTHER
14. Maiden Name Mathilda May Brooks
15. Birthplace Tippahanock Co

16 (a) Informant Mrs Billing
(b) Address 8 Talbott St - Brooklyn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill.
Location Balto. Md

18 (a) Funeral director Milton Schilling —
(b) Address 3914 S. Hanover St.

JUL 25 1943
(Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 24 - 1943, at 1:30 P M

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Congenital Heart

Due to

Other Conditions Patent Ovale + Quatrus
Arteriosus: Conventricle
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 7-25-43

G 06622

437900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 06622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 9 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marian Nelson

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emory

6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): 12-27-98

8. AGE: Years: 44 | Months: 6 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business: AT HOME

FATHER
12. Name: John Tyler
13. Birthplace: Md.

MOTHER
14. Maiden Name: Jennie Cullen
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-26-43 (month) (day) (year)
(c) Cemetery or crematory: Ewell Cemetery
Location: Crisfield, Md RFD

18 (a) Funeral director: Johnnie S. Bradshaw
(b) Address: CRISFIELD MD.

JUL 25 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1943 at 11 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1943 to July 23 1943, and that I last saw h[illegible] alive on July 23 1943

Immediate cause of death: Respiratory failure — Duration: 10 Days

Due to: Hypertensive Cardio-Vascular disease

Due to:

Other Conditions: Renal failure

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operations:

of autopsy: Renal cortical atrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: J C Duncan Jr

Address: J H H Date signed: 7-25-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 06623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Just Arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Tangier
(If outside city or town limits, write RURAL and give town)
(d) Street No. --
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRED CROCKETT

3 (b) If veteran, name war -

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stella Dize

6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1875

8. AGE: Years: 68 Months: 5 Days: 20 If less than one day: hr. min.

9. Birthplace: Tangier, Va. (Town, county, and state)

10. Usual Occupation: Merchant Seaman

11. Industry or business: Mate

FATHER
12. Name: Edward Crockett
13. Birthplace: Tangier, Va.

MOTHER
14. Maiden Name: Margaret ?
15. Birthplace: Tangier, Va.

16 (a) Informant: Records, U.S. Marine Hosp.
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)
(c) Cemetery or crematory: Swain Memorial
Location: Tangier, Virginia

18 (a) Funeral director: John A. Bradshaw
(b) Address: Crisfield Maryland

JUL 25 1943

Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1943, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20, 1943, to July 24, 1943, and that I last saw him alive on July 24, 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide --
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature: J. Clausen M.D.

Address: Baltimore, Md. Date signed 7/24/43

VS 150 MS-47040

G 06624 ✓ X G 06624

42 8748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 East 5t.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Strawder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-17

8. AGE: Years	Months	Days	If less than one day hr.	min.
25	10	28		

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ray O. Strawder
13. Birthplace Md.

MOTHER
14. Maiden Name May Makel
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Harmony Cemetery
Location Frederick Md.

18 (a) Funeral director M. R. Eldridge & Son
(b) Address Frederick, Maryland

19 JUL 25 1943 (b) Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943 to July 23 1943 and that I last saw h[illegible] alive on July 23 1943.

Immediate cause of death: Unbearable postoperative complication. — Duration: 3 days

Due to

Due to

Other Conditions: Esophageal Eye stricture — 1½ yrs.
(Include pregnancy within 3 months of death)

Date of operation July 29 1943
Major findings of operation: Stricture of esophagus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Bunch M. D.
Address Johns Hopkins Hosp. Date signed 7-24-43

Registrar Huntington Williams, M.D.

G 06625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193 X

G 06625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2459 Fairway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Fred Hefler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 203-10-0664

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mae M Hefler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1908

8. AGE: Years 34 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Gratz Pa (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business Bethlehem Steel Co

FATHER
12. Name George E Hefler
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah M Gobis
15. Birthplace Pa

16 (a) Informant Mrs Mae M Hefler
(b) Address 2459 Fairway Dundalk Md

17 (a) Funeral (burial, cremation, or removal) (b) Date thereof 7/25/43 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Gratz Pa

18 (a) Funeral director Wilbur Cook Jr
(b) Address 1217 E Fort St

19 7-25-1943 (Signature of registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1943, at 2-05 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to Electrical Burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death in the following:
(a) Date of injury 7-23-43 at 5.50 P M.
(b) Where did injury occur? Building S.B.C. - Sparrows Point
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Pulled switch of Electric Box

23. Signature Howard J. Maddaix M.D. Medical Examiner.
Date signed 7-25-43

G 06626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06626 / 117a — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 N. Carolina St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 265 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Zollickoffer

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 212-07-1614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife: Late Virginia Zollickoffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1888

8. AGE: Years	Months	Days	If less than one day
54	11	19	hr. min.

9. Birthplace Baltimore, Md (town, county, and state)
10. Usual Occupation Cabinet finisher
11. Industry or business

FATHER
12. Name David K. Zollickoffer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Barry
15. Birthplace Balto Md

16 (a) Informant Mr. David K. Zollickoffer
(b) Address 779 Carroll St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/27/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Pulaski Highway

18 (a) Funeral director John F. Corron & Son
(b) Address 909 N. Gilmor Street

19 (a) (Date rec'd by registrar) (b) Registrar Williams M.D.

APR 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-23 1943 to 7-24 1943 and that I last saw h. alive on 7-24 1943

Immediate cause of death
Due to Peritonitis Perforated gastric ulcer.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 7-23-43
Major findings of operation: Perforated gastric ulcer.
of autopsy:

Duration 2 da.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Clemmons M. D.
Address St. Joseph's Hosp. Date signed 7-26-43

JL - 80661 G 06627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a G 06627 Registered No.

(Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRESS WRITE PLAINLY, WITH UNFADING INK.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940m Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo-22d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Beverly

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Sally (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1858

8. AGE: Years	Months	Days	If less than one day
85	5	9	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Dangerfield Beverly
13. Birthplace Va

MOTHER
14. Maiden Name Julia Ritchie
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory
Location Tappahannock, Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bloomfield Ave

JUL 25 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1943 at 2:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1943, to 7-23 1943, and that I last saw h[illegible] alive on 7-23 1943.

Immediate cause of death

	Duration
Pyelonephritis	?
Due to Urinary Retention	3wks +
Due to Benign Prostatic Hypertrophy	?
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)
Date of operation 7-6-43
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Stott
Address Balto City Hosp Date signed 7-28-43 M.D.

G 06628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06628 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7135 Harford Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME PETER VOLSKY

3 (b) If veteran, name war: World's War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Bayless
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Aug. 15, 1885
8. AGE: Years 57 | Months 11 | Days 7 | If less than one day: hr. min.
9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Grocer

FATHER
12. Name Yustin Volsky
13. Birthplace Lithuania

MOTHER
14. Maiden Name Cecelia Aduken
15. Birthplace Lithuania

16 (a) Informant Records, U. S. Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory Bath National
Location Theresa Ave

18 (a) Funeral director Robt Hollins & Co
(b) Address

19 (a) JUL 25 1943 (Date received by Registrar) (b) Registrar

Hunter Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19, 1943, to July 22, 1943, and that I last saw him alive on July 22, 1943.

Immediate cause of death: Diabetic acidosis — Duration: Unknown

Due to: Diabetes mellitus — Duration: 10 yrs.

Due to:

Other Conditions: Diabetes gangrene of ft.foot & leg; Arteriosclerosis, general

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Duncan M. D.
Address Baltimore, Md. Date signed 7/22/43

Va-13448

G 06629 X G 06629

436854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1340

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Rock Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Kendall

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-14-7115

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-21

8. AGE: Years	Months	Days	If less than one day hr.	min.
22	2	15		

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Defense Worker

11. Industry or business

FATHER
12. Name Charles Kendall
13. Birthplace md.

MOTHER
14. Maiden Name Delia Adley
15. Birthplace md.

16. (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery Edgel Ben
Location Rock Hall, Md

18 (a) Funeral director J. Willis Wells
(b) Address Chestertown, Md

19 (a) (Signature of registrar) (b) Registrar

JUL 25 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 12 P M (53)

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1943 to July 24 1943 and that I last saw her alive on July 24 1943

Immediate cause of death	Duration
Uremia and Acidosis	3 days
Due to Chronic Pyelonephritis	8 yrs.
Due to Pyelitis, chronic and Nephrolithiasis, bilateral	8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July 7, 1943
Major findings of operation: Nephrolithotomy, Rt.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp Date signed 7-24-43

CERTIFICATE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706

G 06630

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 69 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles V. Kilgore

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	M

6 (b) Name of husband or wife: Lula Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1881

8. AGE: Years	Months	Days	If less than one day
61	8	12/0	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Fairfield Ship Yard

FATHER
12. Name ✓
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lula Kilgore
(b) Address Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 (month) (day) 43 (yr.)
(c) Cemetery or crematory Springfield Cemetery
Location Sykesville Md

18 (a) Funeral director John C. Mitchell Son
(b) Address 1900 Eastern Place
Registered by Williams, M.P.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Depressed fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 23 1943 3:45 P.M.
(b) Where did injury occur? 5th & Jefferson Sts Brooklyn
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
Means of injury Collision of autos

23. Signature Robert Lee Gratz M.D. Medical Examiner.
Date signed July 24, 1943

VS 151

G 06631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 06631 / 170 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse E. Grimes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jessie Gosnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1894

8. AGE: Years	Months	Days	If less than one day
49	4	28	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Fairfield Ship Yard

FATHER
12. Name Wm. J. Grimes
13. Birthplace Md

MOTHER
14. Maiden Name Edna R. Warfield
15. Birthplace Md.

16 (a) Informant Mrs Jessie F. Grimes
(b) Address Sykesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/43 (month, day)
(c) Cemetery or crematory Morgan Chapel
Location Howard Co. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

JUL 25 1943 Mt. Olivet Cemetery, Inc.
(Date rec'd by Registrar) Baltimore, Md.

VS 161

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 3:15 P M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 23 1943 8:45 P.M.
(b) Where did injury occur? 5th & Jefferson Sts, Brooklyn
(c) Did injury occur at home, on farm, industrial place, in public place? street While at work? No
Means of injury Collision Auto

23. Signature Robert Ed Yeatman M.D.
Medical Examiner.
Date signed July 24, 1943

431188
G 06632

X G 06632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Richard Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-87

8. AGE: Years	Months	Days	If less than one day
56	1	23	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Fisherman

11. Industry or business

FATHER 12. Name James Clark

13. Birthplace Md

MOTHER 14. Maiden Name Maggie Sparks

15. Birthplace Md

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (b) Date thereof July 27/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Stevensville County
Location Stevensville, Md

18 (a) Funeral director John O. Mitchell & Son

(b) Address 900 Eutaw Place, Baltimore, Md.

19 (a) 7-25-1943 (b) Registrar Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 24 1943. and that I last saw him alive on July 24 1943.

Immediate cause of death Uremia — Duration 2 d.

Due to Nephrosclerosis — Duration 2 y.

Due to Hypertension — Duration 4 y.

Other Conditions Exploratory laparotomy 10 days before death
(Include pregnancy within three months of death)

Date of operation 7/14/43

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.H.H.

Address J.H.H. Date signed 7/24/43 M. D.

VS 150

G 06633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06633 Registered No. 92 B

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia B. Canale

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	married

6 (b) Name of husband or wife Thomas Canale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1896

8. AGE: Years	Months	Days	If less than one day
47	0	2	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Conrad Zeller
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Mary Hale
15. Birthplace Wash. D.C.

16 (a) Informant Mrs. Maria Dixon
(b) Address 413 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Harry N. Witzke
(b) Address 4 [illegible]

19 (a) Date received (b) Registered

JUL 25 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 23 1943, and that I last saw h[illegible] alive on July 23 1943.

Immediate cause of death Acute myocardial failure

Due to Mitral stenosis Auricular fibrillation

Due to

Other Conditions Pneumonia C.V. Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Corbaley M.D.
Address 24 N. Fremont Date signed 7/24/43

G 06634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06634 Registered No. 1332B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1238 Carroll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 Carroll St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Neumann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Mathilda nee Glaser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	1	2322	19	68

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Christ Neumann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Mathilda Neumann
(b) Address 1238 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)
(c) Cemetery or crematory St. Paul
Location York & Coldspring Ave.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) JUL 25 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1943 to July 23 1943 and that I last saw him alive on July 23 1943.

Immediate cause of death
Intestinal Grippe — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Yates M. D.
Address 517 Scott St. Date signed 7/24/43

VS 184

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The answers must be written with UNFADING INK.

G 06635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mon.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 W. Balto. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert P. Taylor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife late Sarah J. Whiting

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1877

8. AGE: Years 66 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name
15. Birthplace Va.

16 (a) Informant Joseph E. Taylor
(b) Address 874 W. Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)

(c) Cemetery or crematory Location Christiansburg Va.

18 (a) Funeral director Harry A. Wittke
(b) Address 4101 Edmondson Ave

Jul 25 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1943 to July 23 1943, and that I last saw h— alive on July 23 1943.

Immediate cause of death Acute Cardiac Dilitation — Duration 2 days

Due to Chr Unspecified ? .

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M.D.
Address 753 W. Fayette St Date signed July 25 1943

VS 180

Please write plainly with UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

06636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171a

Registered No. G 06636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 East 29th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Osmond

3 (b) If veteran, name war

3 (c) Social Security Account No. single

4. Sex: MALE

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Mar 2. 1922

8. AGE: Years 21 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business Glen L. Martin.

FATHER
12. Name Arthur V. Osmond
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Gabriella Fuhrman
15. Birthplace Baltimore Md

16 (a) Informant Arthur V. Osmond.
(b) Address 1826 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43. (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Falls Road.

19 JUL 26 1943 (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1943 at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/23/43 at 12:50 A. M.
(b) Where did injury occur? Harford & Hilton Rds
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Pedestrian struck by street car

23. Signature Robert Lee Yeatman M.D. Medical Examiner.
Date signed July 23 1943

VS 151

M. D. B. 1000-A

06637

HEALTH DEPARTMENT—CITY OF BALTIMORE

06637

Social Security No. None

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Korber

(a) Residence: No. 2443 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Korber

6. DATE OF BIRTH (month, day, year) Feb 18 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Korber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wolf Krown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT 2443 E Madison St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 26 1943

19. UNDERTAKER Jerome Enoch

(Address) 900 N Chester St

20. JUL 26 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23- , 1943

22. I HEREBY CERTIFY, That I attended deceased from 7-2- , 1943 to 7-23 , 1943

I last saw him alive on 7-23 , 1943 Death is said to have occurred on the date stated above, at 2:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Friedenwald M. D.

(Address) 1319 Eutaw St

(OCCUPATION in very important. See instructions on back of certificate. Exact statement of

G 06638

Jos. I.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H Registered No. G 06638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 E. 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph D. Gaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mae E. Gaver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-[illegible]

8. AGE: Years	Months	Days	If less than one day
52	2	7	hr. min.

9. Birthplace Md (town, county, and state)

10. Usual Occupation Pattern Maker

11. Industry or business Crown Cork & Seal

FATHER
12. Name C. Buckley Gaver
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Betts
15. Birthplace Md

16 (a) Informant Mae E. Gaver
(b) Address 1915 E. 31st St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Balto Co. Md

18 (a) Funeral director Leonard Rush
(b) Address 5305 Harford Rd

19 (a) (b) Huntington Williams, Md

Date received JUL 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to carbon monoxide

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 23 1943 11:00 A.M.
(b) Where did injury occur? 1915 E. 31st St.
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? In or about home
(d) Means of injury? Inhaled Illuminating Gas

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 23, 1943

06639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119 W

G 06639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eoard & Redwood
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Newcomb alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	~

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23-43

8. AGE: Years	Months	Days	If less than one day
—	-	30	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name David Carter
13. Birthplace Chestertown md

MOTHER
14. Maiden Name Mary Bedwell
15. Birthplace Kentucky

16 (a) Informant David Carter
(b) Address 1115 Newcomb Way

17 (a) Burial (b) Date thereof 7-26-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J Kusch
(b) Address 5305 Belford Rd

19 (a) JUL 26 1943 Huntington Williamsville, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943. at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1943 to July 24 1943, and that I last saw her alive on July 24 1943.

Immediate cause of death Cerebral agenesis

Due to Diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
from birth
2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Earl Hamby, M. D.
Address Univ. Hosp. Date signed 7-25-43

6640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 167 ✓ G 06640 Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gener Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~Balto~~ Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. 8634 Oakleigh Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby boy Bowling ✓

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1943
8. AGE: Years | Months | Days: 3 d | If less than one day: hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Child
11. Industry or business

MOTHER / FATHER
12. Name Howard Bowling
13. Birthplace Md
14. Maiden Name Frances Ina Adoyo
15. Birthplace Md

16 (a) Informant Howard Bowling
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Leonard Hunt
(b) Address 1205 Harford Rd

19 JUL 26 1943 Huntington Williams, M.D.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1943 to July 24 1943, and that I last saw h alive on 19

Immediate cause of death: aspiration pneumonia — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Alesar M. D.
Address 6217 Harford Rd Date signed 7/25/43

G 06641
JL - 82753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 06641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Vincent St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Lewis Gosnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1894

8. AGE: Years 48 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Lewis Gosnell
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Grooms
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus cem. and
Location

18 (a) Funeral director George H. Nelson
(b) Address 1303 Presstman St

19 JUL 26 1943 Registrar Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1943, at 3:06 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1943 to 7/23 1943, and that I last saw [illegible] alive on 7/23 1943

Immediate cause of death Cerebral hemorrhage, or hypertensive encephalopathy — Duration 3 d.

Due to Hypertensive C.V. disease. — Duration ?

Due to — Duration

Other Conditions Prob. toxemia of pregnancy — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy: Natl. tumor tube pregnancy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sargeon M. D.
Address Balto. City Hosp. Date signed 7/26/43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 59

Registered No. G 06642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not guess at the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U of Md Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1344 W. Lafayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amy Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/43

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Md

MOTHER
14. Maiden Name Rosella ?
15. Birthplace Md

16 (a) Informant Rosella Waters
(b) Address 1394 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)
(c) Cemetery or crematory mt auburn
Location md

18 (a) Funeral director George B. Kelson
(Address) 13 Presstman St

JUL 26 1943

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1943 at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1943 to 7/24 1943 and that I last saw h[illegible] alive on 7/23 1943

Immediate cause of death Respiratory failure — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David K. Worgan M. D.
Address U. Hospital Date signed

G 06643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1945 E G 06643 Registered No.

1. PLACE OF DEATH: University Hospital
(a) Baltimore City, Maryland
(b) Street address Md.
(c) Hospital or institution: Balto Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 S. Bradford St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victor Buczkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-2293

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose Buczkowski
6 (c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.) May 15-1887
8. AGE: Years 56 | Months 2 | Days 8 | If less than one day: hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Steamfitter
11. Industry or business: International Shipbuilding

FATHER
12. Name: Vincent Buczkowski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Agatha - - -
15. Birthplace: Poland

16 (a) Informant: Mrs. Rose Buczkowski
(b) Address: 610 So Bradford street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)
(c) Cemetery or crematory: St Stanislaus
Location: Baltimore Md.

18 (a) Funeral director: George A Weber
(b) Address: 705 So Ann St

19 (a) (b) Huntington Williams, M.D.

JUL 26 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 1:15 P M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 22, 1943 7:00 P M
(b) Where did injury occur? Pier 7 Port Covington
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial Place While at work? Yes
(d) Means of injury: Fell on Deck

23. Signature Robert Lee Fishere M.D. Medical Examiner.
Date signed July 24 1943

G 06644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

G 06644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA HENDERSON

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Louis Henderson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1880
8. AGE: Years 63 | Months | Days | If less than one day: hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name David Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel
15. Birthplace Russia

16 (a) Informant Philip Block
(b) Address 2922 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Park Rd & Hamilton Ave.

18 (a) Funeral director Jack Lewis Inc.
JUL 26 1943
(b) 439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25-43 19 ... at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 43 to July 25 19 43.
and that I last saw h alive on July 24, 19 43.

Immediate cause of death
Uremia
Due to Chr. nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date of operation None
Major findings of operation
of autopsy: None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidna L. Levy
Address 2922 Parkwood Ave Date signed 7/26/43

THESE WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 06645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 W

G 06645 Registered No.

Every item of information should be carefully supplied. CORRECTIONS MUST BE MADE BY TYPEWRITER OR PRINTING IN INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4012 Park Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4012 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY E. WILLETT

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Silas S. Willett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1856

8. AGE: Years	Months	Days	If less than one day
87	5	9	hr. min.

9. Birthplace Washington, N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John S. Long, L. L. D.
13. Birthplace Washington, N. C.

MOTHER
14. Maiden Name Ann Bonner
15. Birthplace Washington, N. C.

16 (a) Informant Mrs. Mabel B. Akehurst
(b) Address 4013 Park Heights Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 29 1943

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943. 9:15 P-M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1942. to July 23 1943. and that I last saw h-r alive on July 23 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration 6 wks
Left Hemiplegia

Due to Cerebral arteriosclerosis — wks

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S. Akehurst M. D.
Address 4012 Park Heights Ave Date signed 7-24-43

JL - G 06646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06646 Registered No. 1319

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Warner St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1885

8. AGE: Years	Months	Days	If less than one day
57	11	23	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Harry Reading
13. Birthplace S. C.

MOTHER
14. Maiden Name Martha Davis
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location [redacted] Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 08 W Montgomery St

19 (a) JUL 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/1943 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1943 to 7/21 1943 and that I last saw her alive on 7/21 1943.

	Duration
Immediate cause of death Uremia	3-4 d.
Due to Prob. cerebral hemorrhage - vascular accident.	3-4 d.
Due to Pre-renal azotemia - Uremia (?)	3-4 d.
Due to	
Other Conditions Gen. arteria - sclerosis	3-4 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergiman
Address Balto. City Hosp. Date signed 7/21

G 06647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G 06647

170 U Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Creswell Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ←
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Sexton

3 (b) If veteran, name war —

3 (c) Social Security Account No. Married

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months — | Days — | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Farmer

11. Industry or business

FATHER 12. Name: Unknown
13. Birthplace: ←

MOTHER 14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Chas. E. Goode.
(b) Address: Benson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-43 (month)-(day) (year)
(c) Cemetery or crematory: Greenlawn
Location: Fallston Md.

18 (a) Funeral director: Hayden & Goode
(b) Address: Benson Md.

19 (a) JUL 26 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25- 1943, at 5 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions Multiple fractures, abrasions & bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-22- at 11:45 A.M.
(b) Where did injury occur? Joppa Md. Rt 7 Joppa, Md. Harford
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Passenger hurled against pole.

23. Signature: Howard J. Madden M.D.
Medical Examiner.
Date signed 7-25-43

VS 151

6648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G 06648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lincoln & Madison
(c) Hospital or institution Md. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 W 33d St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Margaret A. Peddicord

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Albert D. Peddicord

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1871

8. AGE: Years 72 Months - Days 12 If less than one day hr. min.

9. Birthplace Carroll Co. Md. (City, county, and state)

10. Usual Occupation At Home

11. Industry or Business

FATHER 12. Name James P. Carter

13. Birthplace Maryland

MOTHER 14. Maiden Name Martha Boone

15. Birthplace Maryland

16 (a) Informant Mrs. Jessie D. Baker

(b) Address 516 W. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-1943 (mo.) (day) (year)

(c) Cemetery or crematory Mt. Marys (Hamden) Location Baltimore Md.

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

JUL 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24/ 1943, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/23 1943, to 7/24 1943, and that I last saw her alive on 7/24 1943.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions Pneumonia Fracture - left femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence June 23, 1943 at 5:00 P M

(c) Where did injury occur? 516 W. 33rd St. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Private home While at work? No (Specify type of place)

(e) Means of injury Fall [illegible]

23. Signature H. Williams

Address Md. Gen. Date signed 7/26/43 M. D.

Approved by Howard A. Kelly, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

06649

CERTIFICATE OF DEATH

932

G 06649

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Commons

If U. S. Veteran specify WAR

(a) Residence: No. 1512 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Co.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Commons

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Howard Commons

(Address) 1512 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 7/27/ 19 43

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED JUL 28 1943

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1943

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1943 to July 23, 1943

that she was last alive on July 23, 1943 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Hypertension	?
Other contributory causes of importance:	
Ball Rotten wound	?

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Bernard Horn M.D.

(Address) 1207 N Caroline St

OCCUPATION is very important. See instructions on back of certificate. Exact statement

G 06650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06650 Registered No. 302

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 E. 25th St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 E. 25th St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Francis E. Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Charles A. Shaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	7	4		

9. Birthplace Ontario (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jack Cartier
13. Birthplace France

MOTHER
14. Maiden Name Emma ?
15. Birthplace ?

16 (a) Informant Martin Russell Shaw
(b) Address 5480 Cornell St., Chicago, Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)
(c) Cemetery or crematory Cave Hill
Location Louisville, Ky.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date) JUL 26 1943 Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1943, to July 24 1943, and that I last saw h sic alive on July 23, 1943.

Immediate cause of death: Cerebral thrombosis — Duration 6 days
Due to: arteriosclerosis
Due to:
Other Conditions: Syphilis of central nervous system, [illegible] (Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature John Tibbles Howard M. D.
Address 12 E. Eager St. Date signed July 24 43

VS 180

FL - 18230 G 06651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 06651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 m 3 - ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julie B. Willis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1876

8. AGE: Years	Months	Days	If less than one day
67 ?	?	?	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name Howard J. Willis

13. Birthplace ?

14. Maiden Name Margaret ?

15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Rd

18 (a) Funeral director Ambrose Doe

(b) Address 4147 Franklintown Rd

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUL 26 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1943, at 5 Mo PM

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] to 7-23 1943 and that I last saw h[illegible] alive on 7-23 1943.

Immediate cause of death Ca of Breast & Metastasis

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: Ca as above

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Mathews M. D.

Address BCH Date signed 7-24-43

G 06652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G 06652
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Mount Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilton Nutt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 - 1900

8. AGE: Years	Months	Days	If less than one day
42	9	-	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name	Jerry Nutt
FATHER 13. Birthplace	Va
MOTHER 14. Maiden Name	Elizabeth ?
MOTHER 15. Birthplace	Va.

16 (a) Informant Evelyn Dotson
(b) Address 309 N. Mount St.
17 (a) Burial (b) Date thereof July 26-43
(Burial, cremation, or removal) (month, day) (year)
(c) Cemetery or crematory National Cemetery
Location
18 (a) Funeral director Mrs Katie P. Williams
(b) Address 922 N. Schroeder St
(b) Huntington Williams, M.D.
Registrar

JUL 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-1943, at 6:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure
Acute Pulmonary Edema

Due to

Other Conditions Hypertrophy & dilatation of heart
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 7-22-43

VS 181

G 06653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

✓ G 06653 Registered No.

TYPEWRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 W Franklin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Louise Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Reginald F. Johnson

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug - 6 - 1904

8. AGE: Years 38 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Doncaster Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Daniel Carter
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Virginia

16 (a) Informant Reginald Johnson
(b) Address 613 W Franklin

17 (a) Burial (b) Date thereof July 28-43
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory W. Lombard Cem.
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 3229 W. Lombard St

19 (a) (b) Huntingtor Williams Mgr.

JUL 26 1943
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 7 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1943 to July 22 1943, and that I last saw deceased alive on July 22 1943

Immediate cause of death Coronary Thrombosis
Due to Hypertension
Due to Carcinoma of Pancreas
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dan'l Franklin
Address 1vv W Lee Date signed 7/28/43

G 06654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13

G 06654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 S.POnca St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 S.Ponca St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Calvin A.Hendley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.11,19.7

8. AGE: Years	Months	Days	If less than one day: hr.	min.
25	8	12		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shoe Fitter
11. Industry or business

FATHER
12. Name Arthur A.Hendley
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sophia Ompteda
15. Birthplace Baltimore Md.

16 (a) Informant Arthur A.Hendley
(b) Address 726 S.Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2643 (month) (da (year)
(c) Cemetery or crematory Mt.Carmel
Location O, Donnell St.

18 (a) Funeral director Clarence F.Hoffman
(b) Address 1639 N.Broadway.

19 (a) Date received JUL 26 1943 (b) Registrar's signature Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to July 23 1943, and that I last saw h alive on July 22 1943.

Immediate cause of death

Chronic Pulmonary Tuberculosis (Ulceration) — Duration: 4 yrs.

Due to

Due to

Other Conditions Marked Secondary Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis J. Ayd, M. D.
Address 2005 E. Monument St Date signed 7/24/43

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-06655 S-06655 S-06655

MT-38458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a Registered No. S-06655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs., 8 mos., 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

9-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Aiken St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Driller

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	22	hr. min.

9. Birthplace Missouri
(Town, county, and state)
10. Usual Occupation Boxmaker
11. Industry or business Unemployed 5 yrs.

FATHER
12. Name Herbert Driller
13. Birthplace Iowa

MOTHER
14. Maiden Name Ann Harding
15. Birthplace Virginia

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 26 1943
18 (a) Funeral director Commissioner of Health
(b) Address
19 (Date received by local registrar) JUL 26 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-17 1943 at 8a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1938 to 7-17 1943, and that I last saw him alive on 7-17 1943.

Immediate cause of death — Duration

Osteomyelitis — 3 MO
Due to Fracture Femur Rt
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 5-6-43
Major findings of operation Fracture Femur
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-24-43 at ? M
(c) Where did injury occur? Balto City Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Balto City Hosp While at work? No
(Specify Garage, Factory, Office Building, etc.)
(e) Means of injury accidental fall to floor
23. Signature Donald Baketo
Address Balto City Hosp Date signed 7-24-43

VS 186

0260 Approved by Howard J. Nicholson, M.D.

Please write plainly, with unfading ink. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 06656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 Elmhurst Rd
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore (If outside city or town, write RURAL and give name of county)
(d) Street No. 106 Elmhurst Rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stuart Egerton

3 (b) If veteran, name war — no —
3 (c) Social Security Account No. none
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Martha M. Egerton
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Nov 21 - 1870
8. AGE: Years 72 Months 8 Days 4 If less than one day hr. min.
9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Retired - Iron
11. Industry or business Wholesale Grocery

FATHER
12. Name Saml K. Egerton
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Wilson
15. Birthplace Virginia

16 (a) Informant Dr. S.W. Egerton - son
(b) Address 10 Beechdale Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Baltimore
18 (a) Funeral director Sherwood Memorial Co.
(b) Address 108 W. Monument Ave.
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1943 to July 25 1943, and that I last saw him alive on July 24 1943.

Immediate cause of death
Cerebral Hemorrhage
Due to Generalized Arteriosclerosis
Due to Hypertension in Cardiac Vascular Disease

Duration
5 days
10 yrs.
10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. W. Brightman
Address 11 - E. Chase St. Balto Date signed July 25 1943

VS 150

G 06657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G 06657 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood Street
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 13½ Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ———
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Brambleton Rd., Mt. Washington
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Scheufler (HAROLD RICHARD SCHEUFLER)

3 (b) If veteran, name war: WORLD WAR 1

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eleanor Louise Scheufler

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1897

8. AGE: Years 45 | Months 9 | Days 6 | If less than one day: hr. ——— min.

9. Birthplace Upper Sandusky, Ohio
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Western Electric Company

FATHER
12. Name Godfrey F. Scheufler
13. Birthplace Winesburg, Holmes Co., Ohio

MOTHER
14. Maiden Name Caroline Gottfried
15. Birthplace Upper Sandusky, Ohio

16 (a) Informant Mrs. Eleanor L. Scheufler (wife)
(b) Address 2402 Brambleton Rd., Mt. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Spring Grove Cemetery
Location Station W.- Cincinnati, Ohio

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W. F. Wooden-Suc.)

19 July 26 1943 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943 at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1943 to July 25 1943, and that I last saw h alive on July 25 '43.

Immediate cause of death

Due to Reoccurrent brain tumor. Other pathology pending autopsy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin H. Hongen M. D.
Address University Hospital Date signed 7/27/43

VS 250

06658 JL -80499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 N

G 06658 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo-10d
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Clara Tate

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife James Tate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1893

8. AGE: Years	Months	Days	If less than one day
50	6	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Harrison
13. Birthplace Va.

MOTHER
14. Maiden Name Lydia Greene
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (Month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St.

19 JUL 26 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1943, at 10:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1943, to 7-27 1943, and that I last saw h[illegible] alive on 7-27 1943.

Immediate cause of death: (a) UKN 0 — Duration: 2
Due to: (b) Nephritis — 1
Due to: (c) — 2
Other Conditions: (d) — 1

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mathews, M. D.
Address 3 Cat Date signed 7/28/43

06659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 139 N

Registered No. G 06659

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly. Accurate age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 E. Chase Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Augustus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1909

8. AGE: Years	Months	Days	If less than one day
34	-	20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Emanuel Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Lillian Johnson
15. Birthplace Va.

16 (a) Informant Lillian Pinn
(b) Address 1519 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. County, Md.

18 (a) Funeral director Mrs. B. J. Elliott Daughter
(b) Address 1129 N. Carlton St.

19 (a) JUL 26 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 1:23 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4 1943 to 7/22 1943 and that I last saw her alive on 7/21 1943.

Immediate cause of death: chr. peritonitis — Duration: 5 mos

Due to: following operation

Due to: for pelvic inflammation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb. 1943

Major findings of operations: Mercy Hosp.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raynold Brown
Address 15 W. Madison St Date signed 7/26/43

C-06660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 N Registered No. C-06660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5017 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5017 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3. (a) FULL NAME George Frederick Ruebkert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife SARAH O SOMMER RUEBKERT
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JULY. 20 1864

8. AGE: Years	Months	Days	If less than one day
79	0	4	hr. min.

9. Birthplace BALTO (town, county, and state)
10. Usual Occupation BAKER
11. Industry or business RETIRED

FATHER
12. Name PHILIP RUEBKERT
13. Birthplace BALTO

MOTHER
14. Maiden Name CATHERINE TRABAND
15. Birthplace BALTO

16 (a) Informant SARAH O SOMMER RUEBKERT
(b) Address 5017 HARFORD ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY. 27-43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTO MD

18 (a) Funeral director Mrs Chas G Rohde
(b) Address 2327 Edmondson. Ave

19 (a) 7/26/43 (Local registrar's day registered) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to July 24 1943, and that I last saw h alive on July 24 43.

Immediate cause of death: Gangrene of Right Leg

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature Robert Brown M. D.
Address 6112 Yuma St Date signed

VS 8

21 06681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. 06661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Schuler

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 19 [illegible]

8. AGE: Years 62 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name George Schuler Sr.
13. Birthplace Germany

MOTHER 14. Maiden Name Madgeline Dickas
15. Birthplace Germany

16 (a) Informant Anna Schuler
(b) Address 25 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director M. W. Kidwell's Sons
(b) Address Linwood & Fayette Sts.

19 JUL 26 1943 (b) (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 7/23 1943 to 19 ; and that I last saw h[illegible] alive on 7/23 1943.

Immediate cause of death Myocardial Failure

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A. Lowe, M.D.
Address 320 East St. Date signed 7/24/43

Print WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G 06662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1172 Registered No. 6652

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Off & on since 1933

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Anchorage ft of Broadway
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweden

3 (a) FULL NAME PETER KARLSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1879

8. AGE: Years	Months	Days	If less than one day
64	3	2	hr. min.

9. Birthplace ? Sweden
(Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business Seaman

FATHER
12. Name Carl Karlson
13. Birthplace Sweden

MOTHER
14. Maiden Name Marie ?
15. Birthplace Sweden

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1943 (month) (day) (year)
(c) Cemetery or crematory H. Marys
Location Leonard and.

18 (a) Funeral director G. Lee Ogle
(b) Address 4644 York Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 22, 1943 at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20, 1943 to July 22, 1943 and that I last saw him alive on July 22, 1943

Immediate cause of death Bilateral bronchopneumonia — Duration Several days

Due to Large penetrating bleeding gastric ulcer — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. H. Byers
Address Baltimore, Md. Date signed 7/23/43

VS 150

MS-47039

06663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192 C 06663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U of Md Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Ridgley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H Bassom

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: ♂ | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Ruth Bassom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 7 1942

8. AGE: Years | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Dagerstown Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Charles Barnes
13. Birthplace: md

MOTHER 14. Maiden Name: Ruth Bassom
15. Birthplace: md

16 (a) Informant: Mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Joseph Kasimakes Inc
(b) Address: 602 Washington Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1943 at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1943 to 7/25 1943 and that I last saw him alive on 7/25 1943.

Immediate cause of death: Respiratory failure
Due to: Pneumonia
Due to:
Other Conditions: Dehydration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: David M. Morgan M.D.
Address: U. Hospital Date signed 7/25/43

VS 150

G 06664 LieTUVLIKAS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH GHA

G 06664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jenkins Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Reverend Joseph Lietuvlikas

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 78 | Months | Days | If less than one day: hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Priesthood

11. Industry or business

FATHER
12. Name ?
13. Birthplace Lithuania

MOTHER
14. Maiden Name ?
15. Birthplace Lithuania

16 (a) Informant Rev. Sp. Alphonsus Church
(b) Address 114 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Kaminski Inc.
(b) Address 602 E Washington Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 11 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14 1942 to July 22 1943, and that I last saw h[im] alive on July 21 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Father Rev. Lang

Address St. Agnes Hosp. Date signed 7/27/43

VS 180

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

447 G 06665 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S.Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, *P.O.Raspeburg, Route #2, Box 51y
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALVINA MARY OKESON

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Franz E. Okeson
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Nov. 22 1885
8. AGE: Years 57 Months 8 Days 2 If less than one day hr min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business -

FATHER
12. Name Joseph Levea
13. Birthplace Austria,-Hungary

MOTHER
14. Maiden Name ?
15. Birthplace Austria-Hungary

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27.43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1943 at 10:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14, 1943 to July 24, 1943 and that I last saw h or alive on July 24, 1943.

Immediate cause of death HODGKINS DISEASE — Duration Unk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury
23. Signature [signature]
Address Baltimore, Md. Date signed M. D. 7/24/43

VS 150

46943

G 06666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06666 Registered No. 810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1804 Forest Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Forest Park Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia M. Deering

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John M. Deering
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
61	10	3		

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Charles F. Barnkel
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant John M. Deering
(b) Address 1804 Forest Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville, Md.

18 (a) Funeral director L. Howard Strong
(b) Address 3207 W. North Ave.,

19 JUL 28 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to July 24 1943 and that I last saw h alive on July 22 1943.

Immediate cause of death
Acute Dilatation — Duration 6 mos.
Due to Pulmonary Tuberculosis — 4 yrs.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Bruenech M. D.
Address 4309 Edmondson Ave. Date signed July 24 1943

G 06667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 W

G 06667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Laura Wright

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name S Harris
13. Birthplace Va

MOTHER
14. Maiden Name Lizzie Robinson
15. Birthplace Va

16 (a) Informant Howard Wright
(b) Address 1824 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-1943 (mo.) (day) (yr.)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Richmond Va

18 (a) Funeral director Robt W Williams
(b) Address 1515 McElderry St

19 (a) (b) Robert W Williams, Registrar

Date rec'd by reg. JUL 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1943 to July 23 1943 and that I last saw he alive on July 23 1943

Immediate cause of death
(a) Acute Myocarditis — Duration 1 Day
Due to (b) Bronchial Asthma — 1 week
Due to (c) Hypostatic Pneumonia — 1 month
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. de Lony Jervey M. D.
Address 1420 E. Clay Date July 28 1943

VS 2 JUL 28 1943

G 06668 with

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

G 06668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Fairfield Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Robert Syttle

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1881

8. AGE: Years 62 Months 6 Days 24 If less than one day hr. min.

9. Birthplace N C (Town, county, and state)

10. Usual Occupation Saloon

11. Industry or business

FATHER 12. Name Cana Syttle

13. Birthplace N C

MOTHER 14. Maiden Name Mollie ?

15. Birthplace N C

16 (a) Informant Dora Lee Syttle

(b) Address 3304 Fairfield Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co. Md.

18 (a) Funeral director Robert H. Williams

(b) Address 1515 Mt Pleasant Ave

19 (a) Filed (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1943, to July 25 1943 and that I last saw h[illegible] alive on July 25 1943.

Immediate cause of death: Malignant Hypertension — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Brumsenden

Address 944 N. Carey St Date signed July 26 1943

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G 06669
MJ-82730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 944 or G 06669

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 N. Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Cherley Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Divorced

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1907

8. AGE: Years	Months	Days	If less than one day
36	1	18	hr. min.

9. Birthplace Washington D C (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Tony Wright
13. Birthplace Washington DC

MOTHER
14. Maiden Name Mary Wright
15. Birthplace VA

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address (RECORDS)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Frances A. Hemsley
(b) Address 578 W Biddle St

19 (a) Registrar JUL 26 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1943, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1943, to 7-21 1943 and that I last saw h[illegible] alive on 7-21 1943.

Immediate cause of death: Ruptured pregnancy — 4 months
Due to: Fatal shock in
Due to: Mitral heart.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: See above

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address B. C. H. Date signed 7/25/43 M. D.

06670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. C 06670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2347 W Lexington

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2347 W Lexington (If rural give location)

(e) Citizen of foreign country? (Yes or No) Yes

If yes, name country

3 (a) FULL NAME Mary Reschke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Augusta Reschke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1861

8. AGE: Years 81 | Months 11 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Retired

FATHER

12. Name Ferdinand Reschke

13. Birthplace Germany

MOTHER

14. Maiden Name Wilhelmina Kanabe

15. Birthplace Germany

16 (a) Informant Miss Augusta Reschke

(b) Address 2614 S Smith ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Frederick A. Cole

(b) Address 700 W Lombard St

JUL 26 1943

(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1943 to July 23 1943 and that I last saw h[illegible] alive on July 23 1943.

Immediate cause of death

(1) Acute myocarditis

Due to Lobar Pneumonia Right side.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Charles L. Newton M.D.

Address 1730 Linden Ave Date signed 7/24/43

VS 180

G 06671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 06671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 W. Lee
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W. Lee (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Travers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frank Lawson
(b) Address 611 W. Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James a adams
(b) Address 142 Argyle St

19 (a) (b)
(Signature of Registrar) Registrar

JUL 26 1943

Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1943 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1943 to July 28 1943 and that I last saw him alive on July 23 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. White M. D.
Address 515 Washington Date signed 7/29/43

AB-80494 6672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 V G 06672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Mos. &1Day
(e) Length of stay in Baltimore (yrs., mos., or days) 38Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 760 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Burns

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9189

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Seperated

6 (b) Name of husband or wife ? Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2-1905

8. AGE: Years	Months	Days	If less than one day
38	-	21	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Burns
13. Birthplace N.C.

MOTHER
14. Maiden Name Ellen Lane
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Ar Ar Co Md

18 (a) Funeral director Charles G. Burkhart
(b) Address 617 N. Gay St. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1943 at 8:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1943 to 7/23 1943 and that I last saw him alive on 7/23 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 7 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Sugman M.D.
Address Balto. City Hosp. Date signed 7/24

G 06673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 06673 Registered No. 1247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Insert age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Leverton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Bonnia Italy

3 (a) FULL NAME Nicholas Santonacete or Santos

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-5114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febb. 22 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
48	5	3		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name ~~XXXXXXX~~ Alfio Santonaceto
13. Birthplace ~~XXXXXXXX~~ Italy

MOTHER
14. Maiden Name Benedetta Fiamingo
15. Birthplace Italy

16 (a) Informant Josephine Santonaceto (Wife)
(b) Address 3408 Leverton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Arault Della Rose
(b) Address 52 N. Morley St.

JUL 26 1943 Registrar Washington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1943 to 7-25 1943 and that I last saw h alive on July 25 1943.

Immediate cause of death Coophagus
Hemorrhage — Duration

Due to Cirrhosis of Liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-16-43

Major findings of operation: Cirrhosis of liver - Marked - ascites

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death w[illegible] fill in the following:
(a) Accident,
(b) Date of occ[illegible] at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address University Hospital Date signed 7-25-43

G 06674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 06674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yr
(e) Length of stay in Baltimore (yrs., mos., or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N. Monford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vaclav Marsalek
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-03-4552

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1884

8. AGE: Years 58 | Months 8 | Days 20 | If less than one day: hr. min.

9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Tailor
11. Industry or business

FATHER
12. Name: Silvester Marsalek
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Not known
15. Birthplace: Bohemia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St

19 (a) Huntington Williams M.D. (Signature or stamp) Registrar
(b) JUL 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1943 to July 25 1943 and that I last saw him alive on July 25 1943.

Immediate cause of death: Intestinal obstruction — Duration
Due to Carcinoma of Sigmoid
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1939
Major findings of operation: Carcinoma of Sigmoid.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Sanford
Address Johns Hopkins Hosp. Balt. Md. Date signed 7/25/43 M. D.

VS 180

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

✓ G 06675 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4224 Falls Rd
(c) Hospital or institution: Church Home and Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4224 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Donahue twin A

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1943

8. AGE: Years	Months	Days	If less than one day
			4 hr. 30 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Terrence David Donahue
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Billy Pauline Alice Eppes
15. Birthplace Roanoke, Virginia

16 (a) Informant Billy Pauline Donahue
(b) Address 4224 Falls Road

17 (a) Burial (b) Date thereof 7-27-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Falls Road.

19 (a) (b) Huntington Williams M.D.
(Registrar)

JUL 27 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1943, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 . to 19 .
and that I last saw h alive on 19 .

Immediate cause of death Premature Baby
Miscarriage 6th month

Due to

Due to

Other Conditions Placenta Praevia Central
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. L. Mullen M. D.
Address 116 Witherspoon Rd Date signed July 26

06676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not guess at any item, but write "Unknown" if information cannot be obtained. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4224 Falls Road
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4224 Falls Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Donahue Baby Boy "B" Twin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1943

8. AGE: Years	Months	Days	If less than one day
			5 hr. 20 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Terrance David Donahue
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Billy Pauline Ohio Epps
15. Birthplace Roanoke, Virginia

16 (a) Informant Billy Pauline Ohio Donahue
(b) Address 4224 Falls Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Falls Road

19 (a) (Name of cemetery) (b) Huntington, Williams, Md. (Location)

JUL 27 1943

VS 128

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 19 43 at 10 7/8 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 . to 19 . and that I last saw h alive on 19 .

Immediate cause of death Premature Miscarriage 6th month

Due to

Due to

Other Conditions Placenta Praevia Central (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm L. Mullica M. D.
Address 116 W Mulberry Rd Date signed July 26

06677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G 06677 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 N. Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 N. Edmondson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Charles Irvin Handy Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/20/43

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Irvin Handy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Allene Hinson
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 26 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 26 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 43 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 19 43 to 7-22 19 43 and that I last saw him alive on 7-21 19 43

Immediate cause of death	Duration
Prematurity	
Due to Cause unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. D. Thomson M. D.
Address University Hosp. Date signed 7-22-43

V8 3

0261

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06678 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 5 93E G 06678

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 629 Savage St. (Ward) 6

(If death occurred in a hospital or institution give the NAME instead of street and number.)

Length of residence in city or town where death occurred 6 mos. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Julia agnes Manning

If U. S. Veteran specify WAR

(a) Residence: No. 619 Monongahela St., Glassport Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Manning

6. DATE OF BIRTH (month, day, year): May 15 1874

7. AGE: Years 69 78; Months 2; Days 11 12; If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr Manning Ashton

(Address) 629 Savage St

18. BURIAL, CREMATION, OR REMOVAL

Place: McKeesport Pa Date: July 27, 19[illegible]

19. UNDERTAKER: Geo K Boyer Jr

(Address) 1612 Fallowfield Ave

20. FILED ____ 19____

Harding for William[illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27 1943

22. I HEREBY CERTIFY, That I attended deceased from July 26 1943 to July 27 1943

that she was alive on July 26 1943 Death is said to have occurred on the date stated above, at 1[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pulmonary Edema	July 1943

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, ____

(Signed) Edward F Dee Jr M. D.

(Address) 3502 Forbes

JUL 27 1943

(over) Abraham Blecherman

G 06679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G 06679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 N Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Decker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18th 1854

8. AGE: Years 89 | Months 8 | Days 5 | If less than one day: hr. 7 min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Custom Made
11. Industry or business Tailor

FATHER
12. Name Henry Decker
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret —
15. Birthplace Germany

16 (a) Informant Walter Decker
(b) Address 1717 N Patt Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28th 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Leo G Cook
(b) Address 1701-03 N Patt Park Ave

19 (a) JUL 27 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25th 1943, at 9 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1943 to July 25 1943, and that I last saw him alive on July 23 1943.

	Duration
Immediate cause of death: Coronary occlusion	4 mos.
Due to: Arteriosclerosis	5 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert E Singewald M.D.
Address 1615 E North Ave Date signed 7-26-43

VS 3

G 06680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

G 06680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5305 St. Albans Way

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5305 St. Albans Way (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DANIEL A. SPROSTY

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 218-09-4300

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marie Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1895

8. AGE: Years	Months	Days	If less than one day
48	5	12	hr. min.

9. Birthplace Cleveland, Ohio (Town, county, and state)

10. Usual Occupation Bag Business - Own

11. Industry or business

FATHER

12. Name Frank D. Sprosty

13. Birthplace --

MOTHER

14. Maiden Name Julia C. Hableseither.

15. Birthplace --

16 (a) Informant Mr. J. B. Pymer

(b) Address 5013 Greenleaf Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JUL 27 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1943, at 1:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1943 to July 25 1943, and that I last saw h alive on July 25 1943.

Immediate cause of death: Cerebral embolism — Duration: 1 min.

Due to Mural Thrombus of heart — ?

Due to Hypertensive-arteriosclerotic heart disease — at least 1 yr?

Other Conditions: Paroxysmal tachycardia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry F. Kleinfelter Jr., M.D.

Address 1115 St. Paul St. Date signed 7/27

G 06681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 06681 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3214 Piedmont Ave.

(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 31 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3214 Piedmont Ave. (If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME DR. CHARLES ELLIS CLARK

3 (b) If veteran, name war --- World War, I

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Rosa A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1880

8. AGE: Years	Months	Days	If less than one day
63	1	15	hr. min.

9. Birthplace New York. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER

12. Name Charles E. Clark

13. Birthplace N. Y.

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. A. L. Ewell

(b) Address 2525 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)

(c) Cemetery or crematory National Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore Williams, Md.

JUL 27 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1943 at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1943. to July 25, 1943. and that I last saw him alive on July 25, 1943.

Immediate cause of death: Heart failure — Duration: Rapid

Due to Chronic Myocarditis with decompensation — 2 years

Due to Arterio-sclerosis — ?

Other Conditions Diabetes Glycosuria — Many years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work (Specify type of place)

(e) Means of injury

23. Signature Maurice L. Okamen

Address 3300 N. Charles Date signed 7/26/43 M. D.

VS 150

G 06682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 06682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3717 Cranston Ave.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3717 Cranston Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD J. HAHN

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Catherine Hahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1864

8. AGE Years	Months	Days	If less than one day
78	10	11	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Frederick Hahn
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Ann
15. Birthplace Germany

16 (a) Informant Mr. Edward Hahn, son
(b) Address 3717 Cranston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 843 Baltimore

JUL 27 1943
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1943 to July 24 1943 and that I last saw him alive on July 24 1943.

Immediate cause of death
Arteriosclerotic Gangrene of foot. — Duration —
Due to Arteriosclerosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Addie Hamilton, M. D.
Address 4109 Hud. Ave. (Date signed) 7/30/43

VS 150

G 06683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fitzpatrick & Calvert Sts
(c) Hospital or institution St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 770 W. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irenus Fink (Irenus Headington Fink)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-05-7155

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-1885

8. AGE: Years 57 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Md Baltimore (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Jacob Fink
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Ryder (Reiter)
15. Birthplace Md

16 (a) Informant Sister Superior
(b) Address St Agnes Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/43 (month) (day) (year)
(c) Cemetery or crematory Eastern Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 27 1943 (Registered number) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943, 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1943 to 7/25 1943, and that I last saw him alive on 7/25 1943.

Immediate cause of death Generalized Carcinomatosis

Due to (a)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sr Kathryn Gorham

Address St. Agnes Hosp. Date signed 7/25/43

Louis Pulaski VG 06684

06684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene St.

(c) Hospital or institution: University Hospital 2 3-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. ~~Emergency Hosp.~~ 1633 Hanover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Pulaski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, '43

8. AGE: Years 0 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Louis Hamilton

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Anna Pulaski

15. Birthplace Baltimore, Md.

16 (a) Informant Anna Pulaski

(b) Address 1633 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/43 (month) (day) (year)

(c) Cemetery or crematory St Mary

Location Hampden.

18 (a) Funeral director Clements & Duncan

(b) Address 2405-17 Eastern Ave.

19 (a) (Date received by Local Registrar) JUL 27 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1943 at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1943 to July 26 1943 and that I last saw h alive on July 26 1943

Immediate cause of death Prematurity — Duration

Due to Cause unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frances T. Rogerka M.D.

Address University Hosp. Date signed 7/26/43

G 06685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 B

G 06685 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Colcord
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2407 W. Brandt Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Abner Edward Shea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, Married, widowed, or divorced Married

6 (b) Name of husband or wife Mabel S. Shea

6 (c) If alive, give age 188 years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1893

8. AGE: Years 54 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Pennsylvania (City, county, and state)

10. Usual Occupation Pattern-Maker

11. Industry or business Glenn L. Martin

FATHER
12. Name Mr. Edward Shea
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Grace R. Hoffman
15. Birthplace Brooklyn, Penna

16 (a) Informant William R. Shea
(b) Address 1504 Rockridge Rd

17 (a) Removal (Burial, cremation, removal) (b) Date thereof 7/28/43 (month) (day) (year)

(c) Cemetery or crematory Rosby Ferian
Location Pottsville Pa.

18 (a) Funeral director William Cook Jr.
(b) Address 127 St. Paul St

19 JUL 27 1943 (b) Signature of local registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1943. 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1943 to July 26 1943 and that I last saw h[illegible] alive on July 26 1943.

Immediate cause of death C. R. failure

Due to Brain Abscess & basilar meningitis

Due to Purulent frontal sinusitis

Other Conditions

Duration: 5 days

(Include pregnancy within 3 months of death)

Date of operation 7-24-43

Major findings of operation: Frontal sinusitis

of autopsy Basilar meningitis, brain abscess

PHYSICIAN
Underline the cause to which death should be charged

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Willard L. Rumney, M.D.
Address Union Mem. Hosp.
Date signed 7/26/43

VS 250

Dr. - Zuennell

06686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 920

G 06686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 N. Ellwood ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 N. Ellwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Durkin

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-14-1569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1924

8. AGE: Years	Months	Days	If less than one day: hr	min
19	10	6		

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Radio Dyst
11. Industry or business Western Electric Co

FATHER
12. Name John G. Durkin
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Novak
15. Birthplace Md.

16 (a) Informant Mrs Mary Novak
(b) Address 727 S. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/43 (month) (day) (year)
(c) Cemetery Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date received by local registrar) JUL 27 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26- 1943, at 2 Hours PM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH

Mitral Stenosis, Rheumatic

Due to

Other Conditions Abscess fossa ischiorectalis.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date Signed 7-26-43

VS 181

G 06687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 06687

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Brooklyn Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 - Sixth Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Kellenberg

3 (b) If veteran, name war —— No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Bertha Kellenberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1875

8. AGE: Years	Months	Days	If less than one day
67	7	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer - Painter
11. Industry or business Self

FATHER
12. Name Henry Kellenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Bartlett
15. Birthplace Germany

16 (a) Informant Mrs Bertha Kellenberg
(b) Address 106 Sixth Ave Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 27 1943

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1943, at 4:45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 14 1943, to July 25 1943, and that I last saw him alive on July 25 1943.

Immediate cause of death Bilateral subarachnoid hemorrhage — Duration

Due to

Due to

Other Conditions Bilateral bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Lucksta M.D.
Address Balt. Gen. Hosp. Date signed July 26 1943

G 06688 ?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

V G 06688
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providents Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Argyle Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-7994

4. Sex: female | 5. Color or race: Colored | 6. Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chas. Albert J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1867

8. AGE: Years 76 | Months 9 | Days 7 | If less than one day: hr. min.

9. Birthplace: Carroll Co. Md. (town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: Lorenza Buchanan
13. Birthplace: Carroll Co. Md.

MOTHER 14. Maiden Name: Susan Dutton
15. Birthplace: Carroll Co. Md.

16 (a) Informant: Chas. Albert J. Smith
(b) Address: 1202 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 27, 1943 (month), (day), (year)
(c) Cemetery or crematory: Mt. Zion
Location: Balto. Md.

18 (a) Funeral director: Wm. Geo. H. Holland
(b) Address: 1634 Druid Hill Ave.

19 (a) [illegible] Baltimore, Md. Registrar

JUL 27 1943

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1943 1943, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fright due to fire in house (Nervous shock)

Due to

Other Conditions Arteriosclerotic Cardio-Vascular disease

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury July 23 1943 4 P.M.
(b) Where did injury occur? 1202 Argyle Ave
(c) Did injury occur at home, on farm, industrial place, in public place? house While at work? No
(d) Means of injury Fright due to fire at home

23. Signature [illegible] M.D. Medical Examiner

Date signed July 24 1943

435477
G 06689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

890

✓G 06689 Registered No.

Persons WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2328 Etting St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-28-99

8. AGE: Years	Months	Days	If less than one day
43	10	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Samuel Moore
13. Birthplace Md

MOTHER
14. Maiden Name Emma ?
15. Birthplace Md

16 (a) Informant Alma G. Dorsey
(b) Address 2328 Etting Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1943 (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lenora M. Dyer
(b) Address 1611 Druid Hill Ave

JUL 27 1943
(Registered by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1943 to July 24 1943 and that I last saw h alive on July 24 1943.

Immediate cause of death: Cardiac standstill — Duration

Due to ? Brain abscess & encephalitis

Due to Pneumococcal meningitis & mastoiditis Type III

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abraham Levecin M. D.
Address Johns Hopkins Hospital Date signed 7-24-43

VS 100

G 06690 ✓ G 06690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 2698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Harlem ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Widower

6 (b) Name of husband or wife Levi Campbell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24 1872

8. AGE: Years	Months	Days	If less than one day
70 71	— 9	— 4	Hr. — min.

9. Birthplace Lottsburg Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business own home

FATHER
12. Name Levi Campbell
13. Birthplace Lottsburg Va

MOTHER
14. Maiden Name Susan Washington
15. Birthplace Va

16 (a) Informant Melissa Jones
(b) Address 1129 N Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28-1943 (month) (day) (year)
(c) Cemetery or crematory Lottsburg Va
Location Virginia

18 (a) Funeral director Va Brooks
(b) Address 1160 N. Carey St

19 JUL 27 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25 1943 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1943 to 7-25 1943.
and that I last saw her alive on 7-25 1943.

Immediate cause of death Cerebal hemorrhage — Duration 7 days

Due to Hypertension — "

Due to arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Saunders M. D.
Address 1129 N Stricker St Date signed 7-26-43

06691 437689.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

G 06691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Lohestina Nance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/10/43

8. AGE: Years	Months	Days	If less than one day
		12.	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Lohestina Nance.
15. Birthplace Md.

16 (a) Informant Records. (b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUL 27 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 27 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1943 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1943 to July 22 1943 and that I last saw him alive on July 22 1943

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions Broncho Pneumonia Empyema (Include pregnancy within 3 months of death)

Date of operation 7/15/43

Major findings of operation: Hydro-nephrotic Kidney

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] D. Traggis
Address Johns Hopkins Hosp. Date signed 7-28-43

VS 180

F 0263

6692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 06692
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 McDonogh Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1943

8. AGE: Years	Months	Days	If less than one day
			10 hr. 40 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Morgan
13. Birthplace Maryland

MOTHER
14. Maiden Name Iona Foster
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 27 1943

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 27 1943 (b) Harry J. Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1943, at 11.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12, 1943, to July 12, 1943, and that I last saw h im alive on July 12, 1943.

Immediate cause of death	Duration
Prematurity.	
Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Vosburgh M. D.
Address Johns Hopkins Hospital Date signed 7-16-43

VS 100

0264

G 06693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83D

G 06693 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St. & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1610 N. Pulaski St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rebecca Hyman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jos. Benj. Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 64 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Abraham Malamed

13. Birthplace Russia

MOTHER

14. Maiden Name Fagie —

15. Birthplace Russia

16 (a) Informant Benj. Hyman

(b) Address 2734 Treasury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Free Lots

Location Phila. Rd.

18 (a) Funeral director Jack Levine Inc

(b) Address 1439 E. Balto. St

19 (a) JUL 27 1943 Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1943 to July 26 1943, and that I last saw h er alive on July 26 1943.

Immediate cause of death Heart Paralysis

Due to Anemia

Due to Malnutrition

Other Conditions Hemiplegia Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Herbert A. Jacobs M. D.

Address Sinai Hospital Date signed 7/26/43

G 06694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 06694 Registered No. 111 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Smith Ave.
(c) Hospital or institution: Mt. St. Agnes Convent 77
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Mt. Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. Smith Ave. (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Sister Mary Alexius Klinefelter R.S.M.

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------	----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 3/25/43 1858

8. AGE: Years	Months	Days	If less than one day
85	4	0	--- hr. --- min.

9. Birthplace Shrewsbury, Pa. (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business ----------

FATHER
12. Name Simon Klinefelter
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany

16 (a) Informant Sister Mary Ellen Marie
(b) Address Mt. St. Agnes Convent

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)
(c) Cemetery or crematory Mt. St. Agnes
Location Mt. Washington

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert St.

19 (a) JUL 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1943 at 8 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 8 1943 to July 25 1943 and that I last saw h[illegible] alive on July 24 1943

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to General debility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Nurkin M.D.
Address 1107 Gilsey Ave Date signed 7/27

G 06695

G 06695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1123 N. Gay St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1123 N. Gay St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie M. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Widowed

6 (b) Name of husband or wife Theodore (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1904

8. AGE: Years	Months	Days	If less than one day
39	3	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Samuel H. Carver

13. Birthplace N.C

MOTHER

14. Maiden Name Lydia Pulphus

15. Birthplace Balto., Md.

16 (a) Informant Arthur Garvey

(b) Address 1123 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A. A. County Md.

18 (a) Funeral director Joseph L. Locke, Jr.

(b) Address 130 N. Central Ave

19 (a) JUL 27 1943 (Date received) Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 to July 24 1943 and that I last saw him alive on July 24 1943

Immediate cause of death

Pulmonary edema
Acute myocarditis

Duration
1 day
1 day

Due to Acute Nephritis

Due to Arteriosclerosis

1 mo.
2 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Wm. H Roy Garvey

Address 1420 E. Chase Date July 26 43

VS 3

G 06696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 06696 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	W

6 (b) Name of husband or wife Henry Powell
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Alfred Easter
13. Birthplace Va.

MOTHER
14. Maiden Name Ada Jane Merritt
15. Birthplace Va.

16 (a) Informant Mary Ogle
(b) Address 574 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Date received JUL 27 1943 Livingston Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1943, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1943 to July 24 1943, and that I last saw her alive on July 24 1943.

Immediate cause of death Cerebro vascular accident — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus L. Aaronheim M. D.
Address Mercy Hosp. Date signed 7/27/43

G 06697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 06697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 640 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lonnie Blue

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-05-8777

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Lemuel N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Calvin Blue
13. Birthplace Cumberland N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Willie Blue
(b) Address 805 Stanton Ave. Wilson N.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Lane, Churchill & Perry

18 (a) Funeral director Byrd & Mamie Wheat
(b) Address 721 Aisquith St. Wilmington, N.C.

19 (a) Filed JUL 27 1943 Huntington Williams, M.D. (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1943, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1943 to July 21 1943, and that I last saw h[illegible] alive on July 21 1943.

Immediate cause of death: Congestive Heart Failure — Duration

Due to Arteriosclerotic C-V Disease

Due to

Other Conditions Hydrothorax Rt.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuelling
Address St. Joseph's Hospital Date signed 7-31-43

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CAUTION: Entries must be made with UNFADING INK.

TRAIT

G 06698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 06698 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Jenkins Memorial
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary John Trait

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-1870

8. AGE: Years 73 Months 6 Days 0 If less than one day hr. min.

9. Birthplace England
(Town, county, or state)

10. Usual Occupation Sister of Charity

11. Industry or business

FATHER
12. Name John Trait
13. Birthplace England

MOTHER
14. Maiden Name Ellen
15. Birthplace

16 (a) Informant Sister Superior
(b) Address St Agnes Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 27 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1943 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1943 to 7/26 1943, and that I last saw h[illegible] alive on

Immediate cause of death Pertonitis
C-S-D

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature Clifton Rawlins

Address St. Agnes Hosp. Date signed 7/26/43

G 06699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 06699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6317 Arundel Cove Rd Curtis Bay
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Darrell J. Cook
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	
Male	White	Child	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 2 / 1941
8. AGE: Years 2 | Months | Days 24 | If less than one day hr min

9. Birthplace West Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Russel Cook
13. Birthplace West Va

MOTHER
14. Maiden Name Farley
15. Birthplace West Va.

16 (a) Informant Russel Cook.
(b) Address 6317 Arundel Cove Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/43 (month) (day) (year)
(c) Cemetery or crematory Dove Jay.
Location West Va.

18 (a) Funeral director Fred W. Zeiguerske
(b) Address 1930 Eastern Ave

19 (a) JUL 27 1943 (b) Huntington Williamson, W.Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26-1943 at 5:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Ruptured liver

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-26-43 at 4.40 P 25/45
(b) Where did injury occur? Arundel Cove Rd. 20 ft. outside of City limits
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury? Railroad train, struck by automobile

23. Signature Howard J. Mackenzie M.D.
Medical Examiner.
Date signed 7-27-43

G 06700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G 06700 Registered No.

PRESS WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Ilchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John B. Gorman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith Gorman nee Bowell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/73

8. AGE: Years	Months	Days	If less than one day
70	1	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer.

11. Industry or business

FATHER
12. Name John Gorman
13. Birthplace Maryland

MOTHER
14. Maiden Name Miranda Shipley
15. Birthplace Maryland

16 (a) Informant Wife - Edith
(b) Address Ilchester Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1943 (day) (year)
(c) Cemetery or crematory Dorsey Methodist Cem.
Location Rockland, Howard Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City.

19 JUL 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1943, at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1943, to 7/25/1943 and that I last saw him alive on 7/25/1943

Immediate cause of death Carcinoma of pyloroma & intestinal obstruction — Duration 17 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/16/43 - 7/20/43

Major findings of operations: Intestinal obstruction - Carcinoma of Pyloroma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunt T. Moore

Address St Agnes' Hosp. Date signed 7/26/43

VS 280

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7/16 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #03436 AND ENDING WITH #06700 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL